

**MOTHERS' VOICES AT THE TABLE: MOTHERS' COMMUNICATION
ABOUT AND PERCEPTIONS OF THEIR ROLE IN CHILDREN'S NUTRITION**

A Dissertation

by

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ABSTRACT

This dissertation uses a variety of interpretive methods to complement and enlarge existing research on mothers' communication about and perceptions of their role in children's nutrition. I explore the views of 28 mothers of different ages, socio-economic status, races, and education levels residing in the Bryan/College Station area in central Texas on healthy nutrition and the ways they perceive their own role and responsibility in providing healthy nutrition for their children; how they communicate about it; what shapes their beliefs and understandings; where they get and how do they exchange nutritional information; what barriers and challenges they face; and how they negotiate multiple issues of risk associated with food and eating.

By providing an overview of the media landscape and an environmental scan of the current public discourse pertaining to childhood nutrition I identify two main types of stories featured in the popular media: (1) the largely predominant body of media stories, which underscore mothers' culpability and responsibility and even demonize mothers in the context of childhood nutrition, while rarely bringing important genetic, socio-economic, and environmental factors into discussion, and (2) a relatively small body of media reports and commentary that are solution-oriented rather than critical in nature.

With these predominant societal discourses in mind, I use a grounded theory approach to analyzing qualitative data and provide a conceptual framework of the study participants' communication about and perceptions of their role in children's nutrition. This conceptual framework shows the effects of the burden of blame and responsibility

stemming from the larger societal discourses on the mothers in my sample; how their perceptions of risk and susceptibility in relation to nutrition shape their information-seeking and receiving practices; which sources of information they find most and least reliable; how they communicate to others about healthy nutrition for children; and the role different relevant actors play in these processes.

Based on the findings of this study, I firmly believe that mothers' voices should be more prominently featured in discussions about childhood nutrition, not only in private contexts, but also on the social and political levels, because mothers possess a unique wealth of experience and knowledge in this domain. By expanding the range of mothers' voices, often obscured by the media sensationalism, we can enrich our understandings of healthy nutrition for children and families, and make the necessary structural and societal changes to improve it.

Dedicated to my daughter Maya

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CHAPTER I

INTRODUCTION

Prologue

A long time before Photoshop, Flickr, and other digital photography tools, mothers were used as human props to get visually appealing portrait shots of their young children through a 19th century practice known as “hidden mothers.” Mothers would be covered from head to toe with spreads, sheets, or blankets, and their babies would sit on their laps, held tightly while their picture was taken to insure a sharply focused image (*e.g.*, Figure 1). Afterwards, the photos would be cropped or matted, and the covered-up, but nevertheless present, mothers would virtually disappear from the picture.



Figure 1. The invisible mother (The invisible mother, 2011)

The mothers in my study are not intentionally hidden, concealed by physical covers, or made deliberately invisible. However, similar to most mothers in the U.S., they often feel excluded from important discussions about healthy nutrition for children, and their own narratives and experiences are frequently obscured by the sensationalist stories in the media.

This dissertation features numerous photographs taken by the participants. However, the participants themselves are usually not shown in the photos (*e.g.*, Figure 2); most of them chose not to take any pictures of themselves, partially because they were behind the camera. But even if mothers are, indeed, obscured from view in some ways, they are still visibly present in the lives of their children, families, and communities. Indeed, the mothers in this study are present in every single frame through a number of ways in which they express love and care for their children, their health, and wellbeing, and play a central role in their nutrition.

In most photographs the mothers took, their own presence is almost palpable. Unlike the “hidden mothers” of the 19th century, these contemporary mothers, based in Bryan/College Station (BCS), Texas, do not resemble props; they are actively *doing* things and their influence cannot be overlooked or ignored.



Figure 2. Good little eater (Maddie)

The aim of this dissertation is to lift the proverbial “cloak of invisibility” from the important work that mothers do every day to provide their children with healthy and varied nutrition in spite of many obstacles and challenges. Furthermore, this study serves to help mothers *expand the range of their voices*, often obscured by the media sensationalism and a cacophony of voices who try to speak about them and for them. The mothers in this study are by no means invisible or silent; rather, they are both visible and vocal in the ways they have chosen to represent themselves and the invaluable work of mothering that they perform daily (Figure 3). However, their voices deserve to and need to be amplified and brought into light in all their richness, complexity, and variety. Therefore, in this dissertation I posit that everybody should have a place and a voice at the table, especially mothers who play such important historical, cultural, and communicative roles in the way we perceive and communicate about food and nutrition.



Figure 3. Eating fruit (Selena)

Playing the blame game: Placing responsibility for children's poor nutrition on mothers

Raised in a family of amateur chefs and passionate foodies, where everything, from daily activities, to celebrations, to healing ailments, and even to mourning the deceased revolves around food and eating, I myself grew up to become a person engrossed in all things food-related, both good and bad. But over the past several years, it has become abundantly clear to me that I was by no means the only person among my peers deeply concerned with food-related issues. To be sure, food and nutrition, especially when children are concerned, seem to be on everyone's mind in the past few years.

Indeed, what we eat and how we eat is a hot topic these days, and children and their nutrition are more often than not right in the limelight. Nutrition-related health problems occurring in children, such as childhood obesity, cardiovascular disease and diabetes currently are on the rise. They are also accompanied with increased consumption of unhealthy, affordable food items such as sodas, salty snacks, fried foods, and sugary cereals readily available in almost every restaurant and supermarket in the United States. With the threat of various nutrition-related health problems, and the availability and popularity of unhealthy foods, discussions about healthy nutrition and the need to improve children's eating habits seem to be ubiquitous.

Many researchers, community leaders, policy makers, and other stakeholders agree about the great importance of improving nutrition for children in the U.S. and are taking concrete action to do so. Their research, expert advice, and calls for action are frequently featured in the media and often discussed both publicly and in social circles. As a new mother, I feel that these discussions have not only greatly influenced the direction of my research, but have also affected me and my family on a deeply personal level.

Even before I became pregnant with my daughter Maya (born in May 2012), I noticed that a great majority of media stories about healthy nutrition for children were centered around a specific group of people: mothers. Moreover, most of these stories focused explicitly on mothers' responsibility for their children's bad eating habits and poor nutrition, as well as the negative effects these have on children's health.

One story featured on national television is particularly poignant to me, as it clearly and succinctly delineates the general attitude towards mothers and their role in children's nutrition, as presented by the popular media. The story in question was a part of the first episode of the ABC show *Jamie Oliver's Food Revolution* (Season 1, Episode 1—"Pilot"), which premiered in March 2010.

Jamie Oliver is a British celebrity chef and one of the most vocal advocates of healthy nutrition for children. He is determined to change the way Americans eat through his activism and the aforementioned TV show. By talking to people in their communities, Oliver attempted to show the viewers the many rewards of preparing food for their families, taking a stand against unhealthy eating habits, and ultimately changing the way they eat for the better.

While Oliver focuses his efforts on improving governmental policy, school lunches, and reducing the amount of junk food (such as French fries) served to children on a daily basis, he also addresses family dynamics and what children eat at home. In Season 1, Episode 1, he goes to Huntington, West Virginia, labeled one of the least healthy cities in the nation, to teach the locals about healthy cooking. One of the people he encountered is Stacy Edwards, a homemaker trying to make ends meet in this small rural town in the South. While Oliver himself recognizes that Stacy is trying to do her best for her kids, he also tells her that he needs her to know that the kind of food she serves to her family on a daily basis is "going to kill [her] children early. We are talking about ten, thirteen, fourteen years of their life." When asked how she is feeling after this dire pronouncement, Stacy responds tearfully: "I'm feeling really sad and depressed

right now...I'm killing [my kids]." In his commentary, Oliver acknowledges that Stacy "is not a bad mom; she just needs help" (*Jamie Oliver's Food Revolution*, Season 1, Episode 1—"Pilot").

While some may find such an approach effective, the problem with campaigns such as the one spearheaded by Oliver is that even activists like him, who understand the complexities of the nutritional and health crisis in the U.S. and the role schools, environment, policy, socio-economic status, genetics, and many other factors play in it, often tend to blame or hold mothers primarily responsible for their role in the food procurement and preparation process. Even though I was not yet a mother myself at the time when I first became aware of this trend of mother-blame, I was struck by how deeply problematic it is to simply place responsibility for a larger social issue on a particular group of people without providing them with a simple, concrete set of tools for contextualizing or resolving the issue at hand, or empowering them in any tangible way to take action. In some ways, the media attention given to such stories and the largely negative role mothers are assigned in a matter of such great importance as childhood nutrition, is reminiscent of unsuccessful fear-appeal campaigns, where strong fear appeals with low-efficacy messages produce great levels of defensive responses, rather than the desired behavior change (Witte & Allen, 2000). Furthermore, and perhaps even more importantly, I became acutely aware of the fact that mothers' voices were largely absent from this conversation and that while they were routinely blamed for their children's poor nutrition and eating habits, they were not active participants in the discussion of the challenges they face and how to make things better.

The purpose and scope of the current project

With all these complex, problematic issues in mind, in this dissertation I set out to provide some possible answers to the many questions about the role of mothers in providing healthy nutrition to their children, the way they communicate with others about healthy nutrition for children, what sources of information they mostly rely on, their own perceptions of the roles they play in this important process, as well as barriers they face on a daily basis and how they overcome them. In my attempt to help mothers find and expand their voices, and tell their side of the story about the many joys and challenges of providing healthy nutrition for children, I focus on women living in a metropolitan area in the Brazos Valley region of Texas, with hope that insights acquired through this study may motivate other researchers to conduct similar research projects in other parts of the country.

Issues pertaining to childhood nutrition in Texas

Many communities in Texas face numerous challenges when it comes to providing healthy nutritional options. These challenges range from economic and cultural issues, including dependence on unhealthy foods that are more affordable and convenient to procure, or a part of an ethnic traditional diet, to the lack of knowledge about what constitutes healthy nutrition, to reduced availability or absence of healthy foods and ingredients in certain neighborhoods (Ramadurai, Sharf, & Sharkey, 2012).

Another issue to consider is certainly that of childhood obesity and overweight. The obesity statistics for the state of Texas are even more alarming than the national average: two-thirds of adult Texans (66.7%) were overweight or obese in 2009, which is higher than the national rate of 63.2%. Moreover, among Texas children aged ten to seventeen, 20.4% are obese, compared to 16.4% of U.S. children. What makes these statistics even more disquieting is that obese children have an 80% chance of staying obese their entire lives (Window on State Government, 2011). Childhood obesity also heightens the risk of diabetes, heart disease, and joint and muscle pain, and in some cases it can also increase the risk of cancer. Therefore, Texas Comptroller Susan Combs included recommendations to encourage and invest in obesity prevention and intervention programs in her report titled *Gaining Costs, Losing Time: The Obesity Crisis in Texas* (Window on State Government, 2011).

Additionally, there are a number of other nutritional or health-related problems that do not get the same amount of media attention that childhood obesity and diabetes do, but that, nevertheless, concern many mothers, such as body image, eating disorders, food insufficiency or inaccessibility, and malnutrition.

This state of affairs shows that studies such as mine are needed to help raise our knowledge and awareness about possible ways to improve children's nutrition in the state of Texas and the U.S. and to shed more light on the role mothers play in this process.

Objectives of the dissertation

In summary, the main objectives of this dissertation are to provide a better understanding of how mothers communicate about healthy nutrition for children, how they perceive their own roles and responsibilities in providing it, and what barriers and challenges they face in this process. More specifically, this dissertation explores the views of mothers of different ages, socio-economic status, races, and education levels residing in the BCS area in central Texas on healthy nutrition and the ways they perceive their own role and responsibility in providing healthy nutrition for their children. Moreover, it examines how these mothers communicate about healthy nutrition for children, what shapes their beliefs and understandings, where they get nutritional information, what barriers they face in providing the best possible nutrition for their children, and how they negotiate multiple issues of risk associated with food and nutrition.

As stated here earlier, mothers are often blamed for the nutritional crisis in the U.S., but they are not necessarily offered solutions, and their voices are frequently silenced, obscured, or ignored. It is of great importance for us to learn more about how mothers communicate about healthy nutrition with their families and relational partners, friends, other moms in the community, health practitioners, and others; where are they getting their information from; and how are they sharing this information with others in their families and respective communities. This is the only way to avoid one-sided communication where mothers' voices are not part of the ongoing national conversation about nutrition for children. Therefore, the main motivation behind this project is

providing a space for the ignored and muted mothers' voices to be heard, assisting them in being a force for change, and including them in the scholarly discussion about childhood nutrition as the important figures that they are.

In the remainder of this chapter I focus on the following:

1. Introducing the research questions informing my research
2. Giving a brief overview of mothers' role as providers of nutrition, and mother-blame often associated with that role
3. Providing an overview of the media landscape and an environmental scan¹ of the current issues pertaining to childhood nutrition. The purpose of this overview is to highlight the issues that are being discussed nationally to acquaint the reader with the discourses presented to the wider public through multiple channels (such as popular media, medical and nutritional experts, government spokespeople, blogs and online discussions featuring and soliciting opinions of parents and other members of general public) that frequently frame the nutritional crisis in the United States within a broader discussion of women, care and responsibility.

¹ I define environmental scan as a process of considering the larger external environment surrounding the issue we wish to further explore (in this case, the role of mothers in providing (un)healthy childhood nutrition). The environmental scan I conducted involved considering the factors that affect or shape the issue at hand and was exploratory and broadly-focused in nature. Environmental scan tools I used for finding, cataloging, and sharing information were all Internet-based (*e.g.*, Google Alerts, online news, blogs).

Research questions

I pose the following research questions (RQ) to undergird this project and inform my research:

RQ1: What common themes exist across media messages focused on healthy nutrition for children and the role mothers play in it?

RQ2: What are mothers' perceptions of their own roles and responsibilities in providing healthy nutrition for their children?

RQ3: What are the communication channels (for example, media, interpersonal communication, doctor-patient communication, communication among family members, cultural heritage, organizational infrastructure, etc.) through which mothers receive and exchange information about their role in providing healthy nutrition and ensuring that their children eat right on a daily basis?

RQ4: What are mothers' perceptions of possible societal solutions to nutrition-related problems and challenges that are both feasible in terms of their schedules, budgets, and needs, and appropriate to their respective cultures?

I am particularly interested in how nutrition-related health issues are framed as the sole responsibility of an individual, and how and why health issues related to less-than-optimal nutrition, which are affected by a number of factors, such as genetic, economic, political, socio-cultural, and environmental, become individual rather than a social issues. Furthermore, I am interested in identifying and understanding the social contexts in which the problems with children's nutrition arise, and exploring what are the larger social discourses at play, such as gender, class, race, culture, education,

environmental factors. Finally, I intend to use the findings of this study to identify ways of helping mothers and other primary caretakers to successfully manage children's health and well-being in relation to nutrition, without invoking feelings of guilt or shame.

A brief overview of mothers' role as providers of nutrition and its link to mother-blame

Food, glorious (and not so glorious) food

Food, including its preparation and consumption, plays a life-sustaining role and represents a vital part of human existence. Women, particularly mothers, across different cultures are historically defined as nurturers due to their almost universal responsibility for food preparation and the important role they play in feeding their families and ensuring their survival, including providing nutrition to a growing fetus during pregnancy and breastfeeding once the baby is born (Counihan, 1999). Today, in most societies, women are still considered primarily responsible for mental and manual labor required for providing sustenance. Moreover, women are also often considered as “gatekeepers” of food consumption, a notion first defined by Lewin (1943a, 1943b). Lewin's concept of a nutritional “gatekeeper” held sway for over fifty years, particularly in the fields of nutrition and nutritional anthropology, and it reflects the view that women control the “channels” (*e.g.*, the grocery store, the pantry, the refrigerator) through which food enters and flows into the household. In their critique of the

gatekeeper concept, however, McIntosh and Zey (1989) point out that “responsibility is not equivalent to control” (p. 318) and that the flow of food into the family is not solely controlled by women. A number of contemporary social scientists (*e.g.*, Allen & Sachs, 2007; McIntosh and Zey, 1989; Wansink, 2003, 2006) have greatly expanded their understanding of nutritional gatekeepers beyond Lewin’s (1943a, 1943b) stay-at-home housewife notion, and recognize that a gatekeeper, when it comes to food, can also be a father, a stepparent, a grandparent, a sibling, or another caregiver. However, this simplified understanding remains very popular in the non-scientific community and it is often taken for granted that mothers are responsible for nutrition within the household. Still, although there are conflicting reports regarding whether men’s involvement in the feeding of children has increased (*e.g.*, Dixon & Wetherell, 2004), women’s responsibility for feeding remains expected and naturalized and mothers continue to be seen as feeders (Bugge, 2003; O’Key & Hugh-Jones, 2010; Tardy, 2000), including by themselves, as they often tie their own maternal identities to food provision and domestic care (Bugge, 2003; O’Key & Hugh-Jones, 2010).

Moreover, since food resources and nutrition are so important for maintaining the survival and continuous advancement of the human race, women’s and men’s abilities to produce, provide, distribute and consume food are often regarded as crucial for measuring their social influence and power (Counihan, 1999). However, even though women still do perform the larger portion of food-related work in the household, they control few resources and have little decision-making power when it comes to the food industry and food policy (Allen & Sachs, 2007).

Finally, while food is essential for sustaining human life, it is also associated with numerous environmental and health risks, including childhood obesity, one of the currently most discussed health issues in both popular media and scientific circles.

The issues of undernutrition and overnutrition

The statistics about childhood obesity in the U.S. are alarming. About 32 percent of U.S. children and teens between the ages of two and nineteen are overweight and more than half of them are considered obese (Corby-Edwards, 2010). According to the Centers for Disease Control and Prevention (CDC, 2010), obesity and overweight are terms used to describe ranges of weight that are higher than what is generally considered healthy for a given height. More specifically, obesity in children and adolescents is defined as “being above the 95th percentile of the age-and sex-specific body mass index (BMI); overweight is defined as being between the 85th and 94th percentiles” (Corby-Edwards, 2010, p. 1). Doctors are now seeing weight-related illnesses such as high blood pressure, joint problems, asthma, sleep apnea, hepatic steatosis (*i.e.*, fatty liver), diabetes, and cancer, which usually strike adults, occurring in younger and younger children. Furthermore, children suffering from these conditions also have a higher risk of disability (Corby-Edwards, 2010). Moreover, it was announced at the American Stroke Association conference held in 2011 that strokes are rising dramatically among young and middle-aged Americans while decreasing in older people, “which is a sign that the obesity epidemic may be starting to shift the age burden of the disease” (CDC, 2011). Therefore, it is not surprising that obesity and overweight are often considered the most

problematic consequence of unhealthy nutrition for children and typically the most discussed nutrition-related issue in the media, even though certainly not the only one.

Although the issue of childhood obesity is typically the first thing that comes to mind when talking about children and unhealthy nutrition, it is important to note that both undernutrition and overnutrition are very problematic and are essentially two sides of the same coin. In other words, malnutrition or poor nutrition denotes a lack of a well-balanced, healthy diet, whether it is due to consuming too many calories or not getting the nutrients necessary for long-term health. According to the World Health Organization (2012), nutrition disorders can be caused by “an insufficient intake of food or of certain nutrients, by an inability of the body to absorb and use nutrients, or by overconsumption of certain foods. Examples include obesity caused by excess energy intake, anaemia caused by insufficient intake of iron, and impaired sight because of inadequate intake of vitamin A.” Nutrition disorders can be especially severe in children as they impede development and growth and may lead to serious health problems, such as infection and chronic disease. The severity of such health issues makes holding mothers primarily responsible for children’s poor nutrition, regardless of specific circumstances, even more problematic.

It is important to acknowledge, however, that in focusing on childhood nutrition in the U.S., obesity is the most identified and evident of the associated outcomes of poor nutrition. Therefore, given the obesity epidemic in this country, it is not surprising that most media and other reports I discuss later in this chapter primarily deal with unhealthy nutrition resulting in obesity. However, I must further note that there is also a child

starvation epidemic going on in the U.S. as well. It is not as evident or well-acknowledged as childhood obesity, but it is, to some extent, also based on cheap, non-nutritious, fattening food, so these two problems are inter-related (Brown et al., 2007; Coleman-Jensen, Nord, & Singh, 2013; Ryu & Bartfeld, 2012)

Finally, based on the results of my study and the views shared by my participants, this dissertation does not put a special emphasis on childhood obesity, but concentrates on nutrition-related problems as a whole, as perceived and described by my target population. Also, this dissertation does not focus specifically on issues of hunger and starvation either, but rather on problems pertaining to childhood consumption of different types of food, both healthy and unhealthy, and the role mothers play in it.

Having in mind how often mothers are held responsible for issues pertaining to their children's health, including but not limited to those nutrition-related, it is important to address the concept of mother-blame, first taking a brief look at its history.

A brief history of mother-blame

While there are numerous current examples of it in both electronic and social mass media, mother-blame is by no means a new phenomenon. For example, in the 1940s and 50s, mothers were held responsible for autism (McDonnell, 1998), the emotional breakdowns of soldiers, schizophrenia, and even homosexuality (Terry, 1998; Thurer, 1993). While mothers were being simultaneously idealized through a perceived American "cult of motherhood," which also served to increase the existing pressure to be a "perfect mother," bestsellers like *Generation of Vipers* by Philip Gordon Wylie (1942)

ignored the importance of fathers and fathering while at the same time accusing the “American Mom” of ruining her menfolk and damning her sons to “sissification” and emasculation.

In the 1960s, mothers were blamed for their children’s political beliefs, drug usage, sexual activity, and love of rock ’n’ roll (Arendell & Garey, 1999; Caplan, 1998). According to a study reviewing clinical psychology journals from 1970, 1976, and 1982, “mothers were blamed for seventy-two different kinds of problems in their offspring, ranging from bed-wetting to schizophrenia, from inability to deal with color blindness to aggressive behavior, from learning problems to ‘homicidal transsexualism’” (Caplan, 1998, p. 135). Mothers continue to be blamed for their children’s poor school performance, low self-esteem, and even lack of financial means (Arendell & Garey, 1999). Furthermore, “Mother-blame assumes that mothers are impaired or inadequate in their child rearing and that their influences on children are determinative and damaging” (Arendell & Garey, 1999, p. 2). While mother-blame is oftentimes explicit, it can also come in numerous implicit forms and become internalized as an unconscious part of our communication, and cultural and intellectual realities and traditions (Walters et al., 1991). Finally, as Arendell and Garey (1999) affirm, “Mother-blame not only puts a tremendous burden of guilt and anxiety on women with children; it also deflects attention from social solutions for ensuring the well-being of children” (p. 2).

Critiquing these blanket accusations against mothers does not imply, however, that individual mothers can never impact their children negatively, that all mothering styles are ideal, or that all mothering behaviors are desirable. However, accusing or

blaming an entire group—mothers—for issues often beyond their control is certainly problematic. The real question is whether mothers should be the ones held primarily responsible and what other factors, such as socio-economic status, race, education, genetics, environmental influences, play an important role in maintaining healthy childhood nutrition.

The next section of this dissertation explores the ways in which the concerns about food and maternal responsibility, as well as the effects they have on children's bodies, are represented in popular culture.

So, whose fault is it?: Stories about children, mothers, and nutrition featured in the popular media

While parents are expected to take care of their children's nutritional needs, they are not the only ones concerned about poor or inadequate nutrition for children—others who have expressed concern are school and government officials, politicians, public figures such as First Lady Michelle Obama, and celebrities such as the aforementioned chef, Jamie Oliver. Of course, those concerns are frequently discussed in popular culture and various media venues.

It is still largely unknown what exactly causes childhood obesity and other nutrition-related problems for children. Nonetheless, such diverse entities as news agencies, medical experts, certain governmental agencies, and oftentimes parents privately among themselves and publicly in venues such as social media (*e.g.*, Facebook, blogs, and online discussion boards) seem to agree on a possible culprit when it comes to

our failure to improve children's nutritional habits—mothers. Some of these sources and stakeholders may recognize the multidimensional reasons behind nutritional problems and challenges parents and children face and may not wish to assign blame, but most tend to point to mothers' own behaviors, attitudes, or practices as being of primary or overriding significance when it comes to their children's nutrition.

In order to provide the reader with a broad overview of children's nutrition-related topics featured in different types of popular media to which large audiences in the U.S. are currently exposed, I will be focusing on media reports ranging from blogs and Internet forum discussions to summaries of scientific studies, as reported by news agencies. I identified these reports by looking at the broader media landscape and performing an environmental scan² of the current issues pertaining to childhood nutrition that are being discussed nationwide. Based on this environmental scan, I postulate that such reports and public discussions are (1) largely sensationalist rather than objectively informative in nature, and (2) cultivate a climate of mother-blame and promote constructions of maternal (ir)responsibility in the media and among the media audiences.

Sensationalist stories that create the climate of mother-blame in the media point to mothers as primarily responsible not only for providing healthy nutrition for children, but also for preventing them from making less healthy food choices. These stories are not hard to find: they are told and retold in news reports, on blogs, and in online

² The types of reports included in this environmental scan range from news stories by various news agencies to social media, particularly blogs, and were identified by using Google Alerts, *i.e.*, e-mail updates of the latest relevant Google results based on one's choice of query or topic. The keywords and terms I used to identify relevant media materials discussed in this study were the following: mother(s), motherhood, parent(s), nutrition for kids, nutrition for children, healthy nutrition, moms and nutrition, parents and nutrition, maternal nutrition, malnutrition, food scarcity, food inaccessibility, childhood obesity, and childhood overweight.

discussions. They frequently do not directly name mothers as the culprits, but use more subtle ways to indicate or underline their culpability, whether intentionally or inadvertently. For example, a number of such stories, particularly those featured in blogs, use eye-catching titles such as the title of the popular mommy blog (and the Facebook group of the same name) *Real Food Moms*; a news piece entitled ““Hey Mom, What’s for Dinner?’ Parents’ Feeding Styles May Affect Kids’ Obesity” (United States Department of Agriculture, 2010); and a number of other blogs with catchy titles such as *Simple Mom* or *Healthy Diet Mom*. While the authors of these blogs or stories featured on websites geared towards individuals interested in healthy nutrition for children may not intend to do so, they are contributing to the climate of mother-blame by implying that (1) providing healthy nutrition for children is primarily the mother’s responsibility and that (2) when we talk about “parents” in the context of childhood nutrition, we really mean mothers. Therefore, mothers are both unfairly accorded a heavier burden in providing food for their children, and held primarily responsible for its (lack of) quality.

To illustrate, after a simple comparison of the top 25 mommy and daddy blogs³ in 2011, featured on babble.com, an influential magazine and blog network geared towards young, educated, urban parents, I found that only seven (7) out of 25 (28%) daddy blogs include some mention of food and meal preparation, while only one of them is fully dedicated to food and nutrition (*Stay At Stove Dad*). On the other hand, out of 25 top mommy blogs, as many as 17 (68%) contain an entire section dedicated to food and/or cooking. While this may seem as just another example of how gendered our

³ Mommy blogs and daddy blogs are discussion or informational sites that feature commentary and discussions focusing on home, family, and parenting.

society is and how persistent certain gender stereotypes are, it also serves to perpetuate those stereotypes by implying, if not directly claiming, that food preparation is the mother's domain and therefore the mother's responsibility. This further suggests that mothers are responsible for both healthy and unhealthy nutrition for children.

Moreover, such social media and discussion sites, opinion pieces, and news stories do not need to feature the word "mother" or "mom" in their titles in order to point to mothers as those primarily responsible for issues pertaining to (un)healthy feeding and eating practices among children. Moreover, they are typically written by mothers and feature topics geared towards fellow moms, which, again, only serves to perpetuate the notion that children's nutrition is the mom's domain and responsibility. In other words, this either explicitly or implicitly indicates that, since they are in charge of food, moms are also to blame if (or when) things go wrong. And the more problematic the child's nutritional status is, the more blame is placed on the mother.

Childhood overweight and the demonized mother in the popular media

While many stories featuring mothers and their role in providing (un)healthy nutrition to their children are published and dissected by various lay and expert commentators on a daily basis, some of the stories are more dramatic than others, particularly those demonizing mothers and portraying them as nutritional villains of sorts. Ironically enough, the demonized mother and the idealized mothers are essentially two sides of the same coin: both concepts mystify motherhood, are dehumanizing, and serve to prevent mothers from taking control of their own mothering (Walters et al.,

1991). Possibly the most vivid media stories of this kind are those concerning dramatically overweight children being taken away from their parents as a part of their weight loss plan.

One such story is that of an obese third grader from Cleveland who weighed more than two hundred pounds and was taken from his mother and placed in foster care (CNN Justice, 2009). The boy was removed from his home and his mother's care after the officials from the Department of Children and Family Services cited his increasing weight as a form of medical neglect, defined as "the failure to provide for the shelter, safety, supervision and nutritional needs of the child" (MedicineNet, 2013). The officials reportedly stated that the boy's mother did not do enough to help him lose weight as the reason for removing the boy from home and into foster care (Newcomb, 2011). This action was inspired in part by controversial comments made by Lindsey Murtagh, a lawyer and researcher at Harvard's School of Public Health, and David Ludwig, an obesity expert at Boston Children's Hospital, in a prestigious medical journal, advocating removal from home in severe instances of childhood obesity (Murtagh & Ludwig, 2011). Even though the mother in question was aware of the problem and took steps to try and help her son lose weight and get healthier, including enrolling him in a program called Healthy Kids, Healthy Weight at the local children's hospital, she was deemed "unfit" to take care of her child by medical experts, government officials, and other parents.

An even more extreme example of this phenomenon is the case of fourteen-year-old Alexander Deundray Draper from South Carolina whose mother, Jerri Althea Gray,

was arrested in 2009 on a charge of medical neglect because her son's weight had reached 555 pounds (CNN Justice, 2009). In this particular instance, the effects of poverty—Alexander's mother worked many hours at more than one job to support herself and her son and relied almost exclusively on cheap, fast food—prevented her from seeking medical care and also affected their nutritional choices, quite possibly contributing to his excessive weight gain, were overlooked when evaluating the cause of possible neglect.⁴

Some may argue that these two mothers are, indeed, fully and individually responsible for their children's weight and health status, but what needs to be examined in addition to the mothers' role in these two and other, similar cases, are the overarching reasons behind the children's morbid obesity and inadequate nutritional habits. In other words, should we equate childhood obesity and poor nutrition with child abuse? Furthermore, shouldn't we also address the role fathers and other caregivers, as well as specific circumstances, play in cases such as these, instead of automatically placing all the responsibility and blame on mothers? Finally, should we focus on mothers (or parents) only and simply ignore the role of government and regulatory bodies, health care professionals, schools, restaurants, food manufacturers, and the overall food chain from farm to the table, as well as economic, environmental, genetic, and cultural factors in ensuring or limiting children's access to proper, healthy nutrition?

Some may disregard all the complicating factors preventing weight loss and affecting these two boys' nutritional issues and argue that these mothers simply did not

⁴ To the best of my knowledge, there is no published follow-up on either of these two cases that would shed light on what ultimately transpired with these two mothers and their children.

do enough to improve their sons' nutrition and health outcomes. However, it seems that when it comes to children's nutrition, mothers are damned both if they do and if they don't. To illustrate a widespread outrage in reaction to an article published in *Vogue* (Weiss, 2012), describing how a socialite mother put her 7-year-old daughter on what some critics refer to as the "Tiger Mother" diet, is certainly an example of this.

The article in question, entitled "Weight Watcher" and advertised on the cover of the magazine as "A Mom Fights Childhood Obesity at Home," chronicles Dara-Lynn Weiss's struggle with the "problem" of her daughter Bea's weight following a diagnosis of childhood obesity. Weiss describes her attempts to give Bea a healthy, balanced diet, but also discloses her employing more drastic measures, such as depriving her daughter of certain foods, making her eat other, "healthier" foods despite her pleas, and even publicly humiliating Bea as a part of her weight loss strategy. The article, which led to Weiss landing a book deal with Random House, sparked tremendous buzz and indignation in the social media and has been dubbed "the Worst Vogue Article Ever" by Katie Baker of jezebel.com: Baker states in her outraged response to the original article that "The socialites who write personal essays for *Vogue* aren't known for their kindness and humility, but Dara-Lynn Weiss ... has to go down in history as one of the most fucked up, selfish women to ever grace the magazine's pages" (Baker, 2012).

On the other hand, Judith Warner (2012), the author of the New York Times bestseller *We've Got Issues: Children and Parents in the Age of Medication*, states that there are several reasons why we should thank "Vogue's Diet Mom" (Weiss) for

“[blowing] the lid off how difficult it is for parents...to nourish their children,” rather than universally condemning her. As Warner (2012) further states:

I would argue that mothers like Weiss who are absolutely terrified of allowing their children to get fat are the norm, not the exception, in highly educated, affluent and largely obesity-immune communities. What is exceptional about Weiss is that she has had the honesty — and, arguably, the naive foolhardiness — to come clean about her demons.

But Warner is rather alone in her defense of Weiss’s actions and methods, which have been deemed draconian by most other critics: The great majority of bloggers, commentators, advocates, and concerned moms (and dads), even though they admit they are not experts, are convinced that she has scarred her daughter for life by publicly shaming her.

Going back to the beginning of this section, the discrepancy in the way these different stories about children, mothers, and nutrition are presented in the media and viewed in the public eye makes one wonder whether this attitude has anything to do with issues such as mothers’ socio-economic status and race: Dara-Lynn Weiss—an affluent, white mom—is being blamed for her severe approach to dieting and nutrition, but also gets a book contract. On the other hand, Jerri Althea Gray, an underprivileged African American mom was held responsible and even taken into custody for not being forceful and proactive enough when it came to her son’s obesity. In other words, while mothers are likely to be criticized, blamed, and even demonized, regardless of the way they respond to their children’s weight and nutritional problems, disparities in race and class

further complicate this issue from the feminist standpoint by introducing issues of intersectionality into discussion, which are integral to the variable ways in which mothers are blamed.

Going back to the issues of mother-blame, it is interesting to look at how media reports interpret scientific studies and report on their findings. Oftentimes what is presented in popular media may not be the accurate representation of the actual studies as these reports do not always correspond to the original research (Bubela & Caulfield, 2004; Carvalho, 2007; Dentzer, 2009) and frequently fail to put scientific research in proper context. This leads to messages being inadequate, distorted, or simply focused on headline-grabbing sensationalism rather than the hard facts.

When it comes to unhealthy childhood nutrition, these wrong or misleading interpretations of scientific studies intended to sensationalize and shock the audiences, can lead to misconceptions among the readers and viewers who may feel that mother-blame is being validated by science in instances when that is not necessarily the case (I provide some concrete examples of such media reports in the next section). Of course, certain studies indeed do place blame on mothers directly, but it is largely the way that their findings are presented in various media reports that elicit reactions from the readers rather than the original studies published in academic journals, which the average reader rarely has direct access to. I discuss those issues in more detail in the next section.

The role of mothers in providing (un)healthy nutrition: A brief overview of the current research and related media reports

As stated earlier, while there are admittedly many factors, ranging from genetic to socio-economic to environmental, that play a role in an individual's nutritional habits and choices, a great deal of responsibility and blame for children's poor or less-than-optimal nutrition and the negative health consequences associated with it is placed on mothers.

In many recent research studies and related media reports, poor nutritional choices and childhood obesity in particular, are usually discussed from a biomedical point of view, and seen as a considerable health risk resulting from an individual's life style. Nutritional crisis in the U.S. today is, indeed, constructed as a public health issue, but individuals are held responsible for their own bodies, body sizes, and related health concerns within the broader nutritional crisis. This kind of rhetoric can be rather confusing and even dangerous, however, because it tends to undermine the influence of biological and systemic circumstances beyond the individual's control, such as hereditary predisposition, environmental risks and causes, and socioeconomic factors, while promoting a "blame the victim" attitude. In that sense, public communication about a health condition can influence shared beliefs about responsibility and blame for the said health condition, attributing it mainly to behavioral causes (Kirkwood & Brown, 1995). Additionally, the reports of scientific studies in mass and social media are often summarized in inaccurate and pejorative ways that add to mother blaming. Finally, there is a tendency of both research and mediated reports of research to minimize social,

regulatory and environmental contributory causes while over-emphasizing personal responsibility. This is a serious tendency that has been going on for decades in relation to a number of health conditions (cancer being a primary example) and is now being used in relation to childhood nutrition, particularly childhood obesity (Brownell et al., 2010; Mejia et al., 2014; Murphy, 2000).

In the specific case of childhood obesity, parents, particularly mothers, are typically held responsible for its prevention and treatment. Moreover, mothers are seen as central figures in the debates about healthy vs. unhealthy nutrition, ranging from their responsibility for the weight of children (due to their food procurement and preparation strategies, employment status, etc.), to the role their own (pregnant, overweight, lactating, etc.) bodies play in how issues of childhood nutrition are represented⁵ (*e.g.*, Anderson, Levine, & Butcher, 2003; Baughcum et al., 1998 Cawley & Liu, 2007; Fertig, Glomm, & Tchernis, 2009; Greenberg, Ariza, & Binns, 2010; Procter & Holcomb, 2008; Wolf, 2010), as demonstrated in the examples below.

According to a number of studies, one of the key factors contributing to childhood obesity is the lack of good feeding practices during infancy, for which mothers are considered primarily responsible. According to these studies, mothers can help prevent childhood obesity—the effort starts soon after birth, with breastfeeding, and includes other responsive feeding styles and practices, known as “infant-centered feeding,” an initiative funded by the United States Department of Agriculture (“MSU

⁵As shown in the subsequent examples, mothers’ weight before and during pregnancy as well as their nutritional habits while pregnant, are frequently associated with their children’s weight status; also, whether the mother breastfeeds her child or not is presented as a very important factor for optimal childhood nutrition.

Researcher”, 2010). Moreover, a study by Sarbattama and Simmons (2010) indicates that a mother’s high-fat diet during pregnancy can have a significant effect on weight issues and the development of obesity in her children. Similarly, a number of studies and related media reports link maternal overweight during pregnancy, as well as maternal full-time employment, with poor nutrition and childhood obesity (Anderson, Levine, & Butcher, 2003; Cawley & Liu, 2007; Fertig, Glomm, & Tchernis, 2009; James-Burdumy, 2005; Morrissey, Dunifon, & Kalil, 2011; Park, 2011). A study by Marco et al. (2013) finds that the likelihood a child will overeat and develop obesity is associated with the mother’s own diet and obesity status. Another recent study claims that toddlers who do not have a secure emotional relationship with their mothers could be at increased risk for obesity by age four (ScienceDaily, 2011).

I propose that findings such as these, especially the media reports about such studies and the way they are disseminated in the social media, more often than not serve to assign further responsibility and blame to mothers for the issues of unhealthy nutrition, even when the evidence is inconclusive or ambiguous, or when other factors are also involved. Therefore, the design and execution of studies that produce such correlations may need to be scrutinized more closely. However, in the context of this dissertation, it is even more important to note that, partially due to such media reports, blaming mothers for less than optimal childhood nutrition and related health risks and problems is becoming an integral part of our reality and our collective (sub)consciousness. Unless we, as the members of the media audience, make a conscious

effort to recognize and reject mother-blaming notions and attitudes, they are bound to become internalized as part of our personal and professional sets of beliefs.

One example that serves to support this claim is the co-called “Bossy Mom” study, which states that assertive, intrusive mothers who push their toddlers to eat more at snack time may end up overriding their children’s ability to listen to their body’s natural “satiety signals,” so that children may not be able to sense when they have had enough to eat, which can lead to overeating and obesity (Lumeng et al., 2012). This particular study was dubbed the “Bossy Mom study” by the mass media, even though that particular wording was never used in the actual study. The authors stated that the association between the mother’s “prompting” and a child’s weight was a small one, and that if all of a mother’s snack time “prompts” were assertive, her child would still move up only slightly on the body mass index (BMI) scale (a measure of weight against height), the difference analogous to moving from the 50th percentile to the 57th. The authors also note that since the research was done in a lab, it does not reflect what happens at home. However, the way the study was presented to the general public through the mass media, and later discussed in the social media, was more sensationalistic and placed more blame on “bossy” mothers than the actual study did.

For example, the great majority of study reports published in the popular media featured the words “Bossy Mom” (*e.g.*, “Do Bossy Moms Mean Heavy Kids,” “Bossy mom at snack time tied to kid’s weight,” “Are You a Snack Time Tyrant?”). Additionally, the media reports represented some of the findings of the study as more dramatic than they were presented in the original article by using bombastic words such

as “bossy” or “tyrant” (featured in the media reports) vs. “prompting” or “assertive” (featured in the original study). This example shows how negative consequences of less than optimal nutrition (such as childhood obesity) are often interpreted as a sign of bad motherhood (Boero, 2009), and mothers are often directly or indirectly blamed for their children’s nutrition-related health issues (Mitchell, 2002; Teutsch, 2002).

Even those media reports based on studies that seem to exonerate mothers and focus on other factors affecting children’s health in relation to nutrition oftentimes contain implicit assumptions that parents, more specifically mothers, are in some way responsible even for issues rationally beyond their control, such as air pollution, life stressors (*e.g.*, food insecurity, housing insecurity, maternal depression, intimate partner violence), or the neighborhood they live in.

According to an article featured on the ABC News website, a series of recently published studies shows that characteristics of neighborhoods in which children live and play affect their health. In other words, as the author of the article puts it, “where you live may determine your child’s weight” (Carollo, 2012). In one of the studies, researchers used geographic information systems (GIS) to evaluate neighborhoods in King County, WA, and San Diego County, CA, in terms of physical activity and nutrition for children ages six through eleven. A neighborhood received a high rating if there were easily accessible grocery stores or supermarkets where produce and healthy foods were available and offered many chances to walk to places, such as stores, libraries and parks. The neighborhoods that did not provide such opportunities and offered little in terms of physical activity and healthy nutrition were rated poorly and

defined as “obesogenic” environments. However, other experts featured in Carollo’s article (2012) state that while the environment can create barriers to healthier lifestyles for children, parents still must take measures to overcome them by making different, healthier choices. For example, Keith Ayoob, associate professor of pediatrics at the Albert Einstein College of Medicine in the Bronx, NY, states that “There are things that make healthy behaviors difficult, but that’s true whether people are rich or poor, and they’re not insurmountable. People have to pay more attention to it, and parents have to set limits on what kids eat or what activities they engage in” (Carollo 2012).

Ayoob’s statement, in itself, seems commonsensical and not an unrealistic or unfair indictment of parents or mothers. However, it can serve to set the stage for blaming parents, and particularly mothers, for not taking more concrete action, making a great effort, or taking better care of their children’s health. Additionally, while the ABC News report itself may not be sensationalistic, it does seem to disregard the existence of nearly insurmountable contributing obstacles that even good parenting may not countermand, such as poverty, lack of transportation, or lack of access to healthier food options or opportunities for exercise.

The readers’ comments posted online follow a similar logic of ignoring the many challenges these parents face, as evident in the following response to the article: “Kids learn from their parents, so parents with poor health habits will have kids with poor health habits, that is common sense. [...] Childhood Obesity is due to parents and parents alone, the activities the parents let the kids do, the food they buy for them to eat.” One may wonder whether these and similar comments are inspired by the way that

such articles frame the issue of parental responsibility in relation to childhood nutrition, and whether they would be as harsh if the original studies were reported on in a different, more sensitive manner.

Another recent study published in the medical journal *Pediatrics* shows evidence that when pre-school-aged girls live in stressful or violent home situations with domestic violence, food and housing insecurity, maternal depressive symptoms and substance use, or where other disruptions and social adversities are a common occurrence, they are more likely to become obese by age five, compared to children raised in more stable homes (Wade, 2012). As the US News & World Report coverage of this study affirms, the authors of the study believe that the relationship between social stressors and obesity affecting the girls who participated in the study could reflect problematic parenting behaviors, including the procurement of unhealthy foods, use of (unhealthy) foods as a means of soothing or comforting a child, a lack of physical activity, and decreased availability for caretaking (Goodwin, 2012). Since the study focuses exclusively on mothers, it is clear that by problematic *parenting* behaviors the authors mean problematic *mothering* behaviors. However, the researchers also added that there could be more direct biological mechanisms to explain the associations as well as indirect effects which also serve to increase the pre-school girls' chances of becoming obese. More specifically, mothers who are stressed, or who are dealing with worries such as violence or serious economic instability, may not be as emotionally available to their kids, and are likely to put kids in front of the TV or feed them junk food to keep them occupied as they try to deal with their own problems (Suglia et al., 2012). While these

assertions make sense, the problem does not lie with the fact that the study examines and considers mothers' roles per se; it is with the way some of the results of the study are framed. More specifically, the study and the media reports stemming from it emphasize the negative influence of mothers over larger societal issues that affect mothers' behaviors and decision-making processes. In other words, it is not realistic for us, as a society, to expect low-income mothers to deal with issues such as violence, environmental risks, or inaccessibility of healthy food options on their own, without offering support and concrete and feasible solutions for resolving them.

The online readers' comments and reactions to this study were, unsurprisingly, focused on the role of mothers as well. One of the readers stated: "Let's give our children a chance at life by making sure they have healthy eating habits and exercise daily. [...] A[n] expecting mother [...] should always make sure she is eating the proper diet with plenty of fruits and vegetables." Another reader, who seems to be a bit confused about the findings of the study, commented: "Seriously, a child cannot become 'obese' by his/herself. What are these [mothers] buying and feeding these kids? Do these parents not 'notice' that Jr. is tubby when they buy their clothes? C'mon. Stop blaming the kids. Parents need to own up to caring for the health and well-being of their offspring." Obviously, the extenuating circumstances discussed in the original study are being ignored by the online readers who overwhelmingly tend to place the blame for this problem solely on mothers.

Yet another study recently conducted by Columbia University's Mailman School of Public Health found that pregnant women in New York City exposed to higher

concentrations of chemicals called polycyclic aromatic hydrocarbons (PAH), were more than twice as likely to have children who were obese by age seven as compared with women with lower levels of exposure (Rundle et al., 2012). PAH is a “cocktail” of typical urban pollutants, which are released into the air when coal, diesel, oil and gas, or other organic substances such as tobacco are burned. Researchers recruited 702 pregnant, non-smoking women of African-American or Dominican heritage between the ages of 18 and 35, who live in areas of Northern Manhattan or the South Bronx that are predominantly low income. Rundle, the lead author of the study, acknowledges, “Obesity is a complex disease with multiple risk factors. It isn’t just the result of individual choices like diet and exercise.” He adds, “For many people who don’t have the resources to buy healthy food or don’t have the time to exercise, prenatal exposure to air pollution may tip the scales, making them even more susceptible to obesity” (Science Codex, 2012).

Interestingly, even though this particular study or the related media reports did not directly place blame on mothers, the online readers overwhelmingly disagreed with the results of the study and some even considered them laughable. For example, one of the readers commented: “Dr. Andrew Rundle said: ‘Obesity is a complex disease with multiple risk factors. It isn’t just the result of individual choices like diet and exercise.’ It’s not complex at all. Even 3rd graders know, if you are getting fat, eat less. Duh” (JunkScience, 2012). Other readers seem to agree with this view, as evident in the following post: “So it has nothing to do with parenting? Just somebody else to blame” (Mail Online, 2012). Another reader stated, tongue in cheek, “Thank goodness that no

link was found between obesity and fried foods!” while yet another cried out in apparent indignation: “Obesity is not a disease, it is a life style choice. If this quack doctor was right, we could expect that the highest incidence of obesity was in the places with the highest pollution, which is just not so. The prime, and in most cases only, cause of obesity is over-eating. All this quack has done is to give the fatties another excuse for their condition” (Mail Online, 2012).

Readers’ comments such as the ones quoted above and the attitudes already present among the lay audiences and further fueled by the media sensationalism seem to reinforce the idea of *healthism*, which, as defined by Crawford (1980), identifies health as a matter of personal responsibility and, implicitly a moral issue, insofar as disease is labeled as symptomatic of irresponsibility (Shugart, 2011). That allows to direct the attention away from political and social contexts, and instead guide it toward the individual, which, ultimately, serves to maintain the status quo (Zoller & Dutta, 2008).

Moreover, as pointed out here earlier, in relation to nutrition:

Locating health exclusively or even primarily within the realm of personal responsibility obfuscates myriad social, structural, and institutional factors that contribute to health and illness in powerful and complex ways, ranging from demographic factors such as class, gender, race/ethnicity, and ability to (often interrelated) literal matters of access: for example, to information, resources, and health care. (Shugart, 2011, p. 636)

It is evident, based on the media examples and the popular beliefs discussed above, that mothers play an important role in the current debate about individual vs.

public or social responsibility in relation to children's nutrition and can be identified as an especially targeted population which often gets blamed for the many ills associated with poor nutrition and the effect it has on children's health and wellbeing, including but not limited to those entirely out of mothers' control.

It must be noted that parental, and indeed maternal, responsibility is certainly a part of the solution for some of the health and nutritional problems, and mothers are not to be absolved of all accountability. However, it is both harsh and unfeasible to expect mothers to bear all the responsibility, especially if they are not provided with basic tools necessary for keeping their children and families in good health. However, not all commentary is focused on blaming the mothers; some of it (although significantly less in number) focuses on finding the solution for the childhood nutrition crisis in the U.S.

Solution-oriented commentary

On the other side of the spectrum of this debate, however, there are health specialists, such as Dr. Bill Dietz of the CDC, who emphasize a holistic approach in dealing with issues of children's nutrition, including community outreach efforts and nutrition education in schools and homes (Banerjee, 2008). Moreover, the awareness about the importance of healthy nutrition for children has been raised through the nationwide *Let's Move* campaign initiated by US First Lady Michelle Obama, the goal of which is to "solve the problem of childhood obesity in a generation, so that children born today can reach adulthood at a healthy weight" ("Michelle Obama," 2010). Among other things, the campaign is focused on providing parents with tools they need to keep

their families healthy and fit. Another example of this positive trend is that of the PBS's famous children's show *Sesame Street*, popular both with children and their parents, which took top honors in *Sentinel for Health Awards* in September 2011 for a storyline about healthy eating on a budget (Norman Lear Center & USC Annenberg School for Communication & Journalism, 2011). It informs, educates, and motivates viewers to make choices for healthier and safer lives by introducing an educational, musical storyline about healthy nutrition, featuring well known, favorite characters and some singing super-foods, including broccoli. This shows that not all media commentary necessarily serves to place blame on the individual, but also to inform, educate, and identify feasible solutions for solving the nutrition crisis and providing optimal nutrition to children regardless of their parents' social status, race/ethnicity, education level, or geographic location within the U.S.

Overview of chapters to come

In the next chapter, I present a literature review on the role of mothers in providing healthy nutrition for kids by thematically organizing different literatures that are informing my study, addressing the gaps and omissions, and positioning my own research and intended contributions within the existing interdisciplinary discussions and different literatures. It is important to note, however, that the literature review provided in Chapter II is different from the overview of the media landscape provided earlier in Chapter I. As stated previously, Chapter I includes the environmental scan of the current issues pertaining to childhood nutrition discussed nationally through multiple channels

(such as popular media, medical and nutritional experts, government spokespeople, blogs and online discussions featuring and soliciting opinions of parents and other members of general public), which often frame the nutritional crisis in the U.S. within a broader discussion of mothers, care and responsibility. Conversely, Chapter II focuses specifically on a review of the *scientific literature* examining the role of mothers in providing healthy nutrition to children.

In Chapter III, I discuss my population and sample, i.e., the participants at the heart of this research project as well as my theoretical framework and methods for data collection, and I briefly introduce my approach to data analysis.

In chapters IV, V, VI, and VII, I present an analysis of focus group meetings and in-depth interviews with the study participants using a grounded theory approach. I begin my first analysis chapter by providing the context, proceed to discuss the descriptive characteristics of the focus groups, and finish by providing the grounded theory analysis of the data I collected. Each analysis chapter is characterized by specific themes it addresses and explores. Broadly speaking, Chapter IV looks into the mothers' understanding of healthy vs. unhealthy childhood nutrition. Chapter V explores information seeking and receiving practices utilized by the study participants and how mothers become informed about (un)healthy childhood nutrition. Chapter VI addresses the mothers' perceptions of the roles they play in the children's nutrition and the ways they communicate about it. Finally, Chapter VII delves into societal and structural nutrition-related barriers and challenges, as well as the personal strategies and possible societal solutions for resolving them shared by the study participants.

Throughout these analysis chapters, I aim to incorporate multiple ways of knowing, a number of different voices, and a variety of stories in both textual and visual forms. In the final chapter (Chapter VIII), I present my conclusions; address the limitation of the study; discuss the contributions this dissertation makes to health communication, women's studies, and food studies; and explore potential practical and theoretical implications stemming from this research project.

CHAPTER II

LITERATURE REVIEW

The role of mothers in providing healthy nutrition to children

The last part of Chapter I focused on providing an overview of the media landscape and a brief summary of the scientific studies and news reports that point to mothers as potential culprits for poor nutrition and eating habits of American children. This chapter, however, provides a review of the scientific literature that directly addresses the role of mothers in providing healthy nutrition to children and, in some cases, includes their voices in the discussion about this pertinent issue, thus directly informing my research.

While conducting the analysis of the existing literature on this topic, I was able to identify several bodies of literature within a variety of disciplines, namely Communication, Gender Studies, Feminist Theory, Health Education, Linguistics, Nutrition, Medicine, Psychology, Public Health, and Sociology, which all serve to inform my research. In the process of identifying relevant literatures, I have also heavily relied on a number of scholarly research databases that were useful to me in pinpointing pertinent studies to inform my own research, such as Communication and Mass Media Complete, PubMed/Medline, PsychInfo, EBSCO, ProQuest, Gender Watch, Vanderbilt TV News Archive, and LexisNexis.

There is a substantial body of research exploring childhood nutrition in general, particularly the issues of childhood obesity and overweight as health concerns (*e.g.*,

Lytle, 2012; Nader et al., 2006; Ogden et al., 2012; Schwimmer, Burwinkle, & Varni, 2003). While there is a number of studies that focus on the role of parents (Eisenberg et al, 2004; Kmietowicz, 2003; Lent et al., 2012), especially their role in promoting physical activity, the role of mothers and communication about children's nutrition has received less scholarly attention. Studies that do address the specific role of communication in understanding what constitutes healthy nutrition for children and how to go about providing it are rare and far between, especially in the U.S. In other words, while mothers are overwhelmingly held responsible for various nutrition-related issues, as demonstrated in the previous chapter, they are rarely at the center of research studies that include mothers' voices and their understandings of healthy nutrition for children.

In the next section, I provide a brief overview of the existing research on the role of women in nutrition, before addressing the specific bodies of literature that directly relate to and inform my own investigation of mothers' communication about and perceptions of their role in children's nutrition.

Brief overview of the existing literature

Women, especially mothers, are at the epicenter of many cultural discussions focusing on food and nutrition (*e.g.*, Avakian & Haber, 2005; Counihan, 1999; Moisio, Arnould, & Price, 2004). Additionally, many scholars have explored media messages centering on women's responsibility for nutrition and "duty" to prepare healthy meals for their families, and on the pervasiveness of food and nutrition related gender stereotypes in the media (Aronovsky & Furnham, 2008; Buerkle, 2009; Eisend, 2010;

Endrijonas, 2001; Kim, 2005; Neuhaus, 2001; Parkin, 2006; Parkin, 2001; Smith, 2001; Swenson, 2009). Furthermore, scholars have also explored different discourses and perceptions surrounding homemade food and the connection between food and health (Moisio, Arnould, & Price, 2004; Pill, 1983). Finally, research has also focused on the role food and family meals play in the formation of family identity (Blaxter & Paterson, 1983; Brown & Miller, 2002; Burgoyne & Clarke, 1983; Coxon, 1983).

However, there are significantly fewer studies exploring mothers' perceptions of their own roles in and responsibility for preparing meals and offering healthy options to their children and other family members. Moreover, few studies look into the role that communication plays in this process. In the following sections, I discuss the existing research studies that address mothers' roles in (un)healthy nutrition for children from a number of different standpoints, including the communication perspective.

The role of identity, information seeking, and communication in mothers' understanding of healthy nutrition

A relatively small body of research explores the connection between mothers' role in providing nutrition for their children and their own identity as mothers (Marshall, Godfrey, & Renfrew, 2007; Warin et al., 2008). Some of the studies focus specifically on breastfeeding and the value attached to it as synonymous with being a 'good mother' as well as being a 'good partner' or a 'good woman' (Marshall, Godfrey, & Renfrew, 2007; Murphy, 2000; Ryan, Todres & Alexander, 2011). A number of studies explore the connections between maternal employment status and childhood obesity and report

that, overall, the children of working mothers are more likely to be overweight (Anderson, Levine, & Butcher, 2003; Cawley & Liu, 2007; Fertig, Glomm, & Tchernis, 2009; James-Burdumy, 2005; Morrissey, Dunifon, & Kalil, 2011).

Other studies, which are particularly relevant to my research, look at the ways in which food provision and practices, talk regarding health issues, and health information seeking within mothers' informal interpersonal networks define and exemplify the role of good mother, and are central to the constructs of motherhood and mothering (Bruss et al., 2005; Johnson et al., 2010; Johnson, Sharkey & Dean, 2011; Tardy, 2000; Warin et al., 2008). More specifically, Warin et al. (2008) focus on gendered and class-based experiences of embodiment in women, which are often ignored in health promotion practices and policies. They report that their participants construct identities that are refracted through a gendered and classed habitus, and especially through their role as mothers. Additionally, the participants in the study perceive food provision and practices as central to the constructs of mothering, and at odds with the promotion of individual behavioral changes. Similarly, Tardy (2000) examines women's health seeking practices and behaviors among informal, interpersonal networks. Specifically, she examines the extent to which these conversations serve to identify role boundaries, particularly that of motherhood, and the boundaries between the public and private presentation of self. Bruss et al. (2005) explore the cultural perceptions and meanings of childhood obesity among the inhabitants of the Commonwealth of the Northern Mariana Islands, and the related processes of receiving, transmitting, and making sense of competing messages pertaining to child feeding practices. Finally, Johnson et al. (2010) and Johnson, Sharkey

& Dean (2011) use a participant-driven photo-elicitation approach to examine mothers' food choices among low-income Mexican-origin women residing in colonias in Hidalgo County, TX, to improve health outcomes for the whole family and understand the ways matrilineal family members not residing in the same household (*e.g.*, grandmothers and aunts) influence family's food choices among low-income women living in BCS.

Furthermore, another set of studies especially relevant to my own work, explores the ways in which mothers perceive expert advice and the rhetorical strategies they use to defend themselves against the charges of maternal irresponsibility when it comes to child nutrition, as well as how they engage with, resist, and refuse expert advice (Apple, 1997; Murphy, 2000; Tardy, 2000). Other, similarly structured studies also focus on rhetoric, but in this case, on the dominant discourses utilized by mothers in relation to household food provisioning, and their role as nutritional gatekeepers and those responsible for the health of their family members. These studies examine mothers' talk about food and feeding to determine how trust or mistrust in healthy eating information available to them is established and rationalized (McIntyre, Thille & Rondeau, 2009; O'Key & Jones, 2010), as well as how maternal styles of talking about feeding across socio-economic groups are associated with maternal and child characteristics, including obesity (Pesch et al., 2011).

Additionally, there are several studies that focus on the role of media in relation to motherhood and childhood nutrition. Maher, Fraser, and Lindsay (2010) do so by using media analysis to draw out the discourses of maternal responsibility for the weight of children and the role that specific fears about women's bodies play in how childhood

obesity is represented. Maher, Fraser, and Wright (2010) look at media and policy discussions to explore the potential conflicts mothers face as care providers and nurturers when responsible care is framed as withholding or managing the food consumption of children, while Warin et al. (2008) take an even more critical stance and assert that current approaches to understanding obesity fail to consider concepts of embodiment, and in particular, that gendered and class-based experiences of embodiment are ignored in health promotion practices and policies.

Finally, the studies that are of particularly poignant interest in the light of my own research, are those that make a conscious effort to include mothers' voices in the pertinent conversations about nutrition for children. These studies, respectively, address mothers from diverse socio-economic backgrounds in both metropolitan and rural areas and their perceptions of nutritional patterns in their preschool children and suggest that interventions, including those communication-related, need to go beyond simply providing information and engage with parents' emotions (Pagnini et al., 2007); focus on childhood nutrition by exploring mothers' perceptions, attitudes, beliefs, and behaviors (Zehle et al., 2007); and look specifically at the issue of mother blaming (particularly in the professional literature and by health care providers), as well as the ways in which it has been experienced by a group of mothers, using narrative analysis as a lens for identifying common themes among the diverse voices (Jackson & Mannix, 2004). While quite diverse in terms of research questions and methodologies used, these studies have one thing in common: They shed more light on the roles mothers play in providing healthy nutrition to children, as well as their own understanding of those roles.

It is important to note that the great majority of studies that do address maternal perceptions of their own roles in this process in some way; communication channels through which mothers receive information about childhood nutrition; and/or the ways in which motherhood and maternal responsibility and blame are framed within the larger discourse of children's nutrition, were conducted outside the U.S., namely in Australia (*e.g.*, Jackson & Mannix, 2004; Maher, Fraser, & Lindsay, 2010; Maher, Fraser, & Wright, 2010; Pagnini et al., 2007; Ryan, Todres & Alexander, 2011; Warin et al., 2008; Zehle et al., 2007), Canada (McIntyre et al., 2009), and the U.K. (Marshall, Godfrey, & Renfrew, 2007; Murphy, 2000; O'Key & Jones, 2010). The exceptions conducted in the U.S. are Pesch et al. (2011) and Tardy (2000). Having in mind the importance being placed on children's nutrition in US society and the way that maternal role and responsibility is presented in the media as well as addressed in academic circles, it is surprising that there are so few studies based in the U.S. that address pertinent issues such as these. This omission shows that studies like mine are necessary to shed light on American mothers' own perceptions of what constitutes healthy nutrition for children and the role they themselves play in it, thus allowing their voices to be heard, their perspectives to be shared with others, and their role and influence to be better understood.

In addition to the above-mentioned studies that include a communication component, there are other approaches to understanding the role mothers play in healthy nutrition for children that should be mentioned here as they also inform my research, although in more indirect ways. Those include several different themes, such as the role

of mothers as nutritional gatekeepers; the importance of maternal education and knowledge about healthy nutrition; mothers' nutritional patterns and their effect on children's nutritional health and weight status; the role fathers play; and the effects of families' income, food deserts, and food insecurity on the quality of children's nutrition. I address each of these themes in more detail in the remainder of this chapter.

Other approaches to understanding the role mothers play in healthy nutrition for children

Mothers as nutritional gatekeepers

Another body of literature that spans across different fields, such as nutrition, sociology, public health, and food psychology, explores the role of mothers as nutritional gatekeepers, and maternal perceptions of providing healthy nutrition for children. For some women, the understanding of their roles as nutritional gatekeepers ranges from expressing an expected level of performance as gatekeepers (*e.g.*, number of hot suppers per week or maximum limit for fast food meals) to exhibiting a sense of pride about how they take care of their families to having a self-critical attitude for inability to achieve their nutritional goals (McIntyre et al., 2009). Other studies focus on nutritional gatekeepers' ability to exert positive control over their children's nutrition, and the importance of educating and empowering them to steer children towards healthier food choices (McIntosh & Zey, 1989; Wansink, 2003, 2006).

Multiple studies show that the nutritional gatekeeper, *i.e.*, the person who buys and prepares the food, has the biggest influence on family eating habits (Wansink, 2003, 2006). Nutritional gatekeepers typically influence more than 70% of the foods families eat, which includes not only meals eaten at home but also children's lunches, snacks eaten outside the home, and even what family members eat at restaurants. While mothers are usually the ones who play the important role of a nutritional gatekeeper, these days the family gatekeeper may also be a father, a grandparent, a housekeeper or a nanny, and it is essential for these individuals to be aware of their importance to family nutrition (Wansink, 2006). Regardless of the gatekeeper's sex, age or culinary abilities, they have a tremendous day-to-day influence on their family's nutrition; studies estimate that the average nutritional gatekeeper directly or indirectly controls 72% of the food eaten by his or her children. However, it is relatively easy for gatekeepers to underestimate or forget the influence (both direct and indirect) they have over their family's eating habits and practices (Wansink, 2003). Having in mind the amount of impact gatekeepers have and the importance of their purchasing and food-related decisions, it is important to focus education efforts on informing the gatekeepers and providing them with valuable knowledge to help improve the quality of nutrition offered to children.

Maternal education and knowledge about healthy nutrition

Another relevant issue that a number of studies across disciplines emphasize is the importance of parental education when it comes to healthy nutrition for children. While the majority of these studies state that they are focusing on *parental* education,

however, it seems that their focus is really on *maternal* education, thus implying that mothers have greater responsibility than fathers or other caregivers when it comes to children's nutrition and that, similarly, the blame for inadequate nutrition can (and should be) be placed primarily on mothers.

Several studies analyze the link between maternal education level and children's nutritional habits, the need for effective intervention strategies to increase mothers' nutrition and fitness education in order to influence their children's eating choices and exercise habits, and the effects of maternal training on nutrition and physical activity among children (*e.g.*, Slusser et al., 2012; Vereecken, Keukelier, & Maes, 2004; Wen et al., 2012).

Another set of studies focuses on maternal nutritional knowledge and mothers' parenting styles. These studies cover an array of different topics, ranging from how mothers' child-feeding behaviors constitute an important factor affecting children's adiposity (Lumeng et al., 2012) to how mothers' parenting behaviors affect their children's weight status and healthy food intake later in life (Murashima et al., 2011). Another study focuses specifically on the quality of mother's diet and how poor maternal dietary quality may have negative implications for both mother and child, in addition to the important influence that maternal socioeconomic situation and nutrition knowledge has on achieving healthy diets for the entire family (McLeod et al., 2011). Several studies stress that mothers' belief in the importance of family meals increases the likelihood of mothers planning and regularly scheduling dinner. Such dietary preparation, in turn, increases the likelihood of children eating dinner with families and

the quality of children's and adolescents' diet that continues as they reach older adolescence and young adulthood (McIntosh et al., 2010). Also, some studies show that parents, particularly mothers, are responsible for creating environments for children that may foster the development of healthy eating behaviors and weight, or, conversely, promote overweight and aspects of disordered eating (Scaglioni, Salvioni, & Galimberti, 2008; Scaglioni et al., 2011). However, a study by the NPD Group (2009) points out that even though mothers' nutritional knowledge and healthy eating behaviors impact children's eating habits, they do not necessarily align with actual behavior due to other social influences. One study emphasizes the negative effects of the media and states that efforts to reduce childhood obesity and improve the quality of children's nutrition should address improving both parental knowledge of child nutrition and reducing child television viewing (Gable & Lutz, 2000).

Maternal nutritional knowledge and education, however, are not the only factors related to mothers that can influence children's nutritional health and weight status—mother's own weight and eating habits, according to more than a few studies, play an important role in it as well.

Mothers' nutritional patterns and their effect on children's nutritional health and weight status

A number of studies focus on mothers' own nutritional habits and patterns, and how they influence their children's eating environments, nutritional choices, eating habits, cravings, and weight-related behaviors by being role models of healthy or

unhealthy eating and primary food preparers (*e.g.*, Anzman, Rollins, & Birch, 2010; Arcan et al., 2007; Boutelle et al., 2007; Hanson et al., 2005; Webber, Sobal, & Dollahite, 2010).

Similarly, many studies focus on the role of mothers' bodies in providing healthy nutrition for children, including mothers' nutritional history; their eating habits during pregnancy; their breastfeeding practices; and mothers' weight status before, during, and after pregnancy (Bouchard et al., 2011, Engel et al., 2011; Ludwig & Currie, 2010; Rauh et al., 2011; Reynolds et al., 2013; Sarbattama & Simmons, 2010). These studies report that the quality of mother's nutrition during pregnancy and breastfeeding (*e.g.*, presence of pesticides, antioxidant levels), as well as her weight gain during pregnancy, are likely to affect the child's susceptibility to diabetes and obesity, the child's IQ and working memory, and even cause premature death from a cardiovascular event.

Generally speaking, such studies imply, both directly and indirectly, that maternal nutrition even prior to conception, as well as during pregnancy and lactation, can lead to consequent health risks for their children through different biological mechanisms, thus placing the blame for many nutritional and health problems children suffer directly onto mothers without necessarily taking numerous environmental, socioeconomic, and cultural factors into account.

Mothers are also the focus of a number of research studies exploring childhood body image distortion and eating disorders, many of which stem from reactions against becoming overweight. Mothers' own body image issues, food decision-making, and nutritional choices are concerns at the center of many such studies. Eating disorders in

mothers have been identified as a significant risk factor for the development of disorders in their children especially daughters (Agras, Hammer, & McNicholas, 1999). A study by Smolak, Levine, and Schermer (1999) shows that parents', particularly mothers', comments about weight and concerns about their own weight, play a detrimental role in the rates of dieting, body dissatisfaction, and negative attitudes about body fat among elementary school children. While most studies addressing this concern are not very recent, a study that is currently being conducted by scientists from the Stanford University School of Medicine postulates that children of mothers with histories of eating disorders are at a higher risk of developing an eating disorder themselves at some point during their lives (Radar Programs, 2014). The study focuses on testing a new method that may help these mothers form good eating patterns in their young children.

All of the above mentioned studies agree that mothers play a very important role in their children's nutritional health, eating choices, and attitudes towards healthy nutrition. They also concur that mothers have the ability to influence children's life-long eating habits, so much so that even when they are using the umbrella term "parents" in the title or the abstract, most of them, with only a few exceptions (*e.g.*, Gable & Lutz, 2000), are, in fact, referring exclusively to mothers in the actual study. However, it is important to note that while mothers, indeed, have a great deal of influence on their children's lives in general, nutrition is not exclusively the mother's domain. Fathers and other caregivers such as grandparents, older siblings, relatives, and teachers also play a role and should be included in any educational efforts aimed at improving the overall quality of children's nutrition and eating habits.

Fathers' influence

While the important role fathers play in their children's lives is certainly implied in the word "parents," which is often used when discussing children's nutrition in general in both academic and popular media texts, they seem to be largely absent from specific references to food and feeding. When discussing children's nutrition in specific rather than general terms, fathers are often clearly "suppressed" or "backgrounded," which indicates that they are to be considered irrelevant when compared to mothers who are deemed as the "active" or the "responsible" parent when it comes to providing nutrition to children (Sunderland, 2000). Studies that do explore the father's influence typically focus solely on paternal genetic factors that contribute to the child's weight (*e.g.*, Rosenbaum & Leidel, 1998; Zwiauer et al, 2002). In contrast, the literature is rich with studies that explore maternal influences, while largely ignoring the paternal impact (*e.g.*, Birch & Fisher, 2000; Birch, Fisher & Davison, 2003; Cutting et al., 1999; Fisher & Birch, 2000). This is problematic not only because it trivializes the role of fathers and depicts the father-child relationship as insignificant compared to the maternal influence on a child's weight as well as nutritional habits in general, but also because it places the sole responsibility onto mothers for the effects of nutrition provided in the home on children's health.

However, there are several studies that do consider both the father's and the mother's role in providing healthy nutrition to children. More specifically, these studies explore the influence of both mothers and fathers on children's healthy dietary intake

and weight status through parenting style, parental support, and modeling of physical activity (Berge et al., 2010); report on the significant role that fathers play in the rising obesity epidemic among children with unmarried parents (Nepomnyaschy & Garfinkel, 2011); note the positive correlation between the amount of time fathers spend with their children and children's high BMI as well as mothers' typically greater effect on their children's dietary intake (McIntosh et al., 2006); aim to understand the father's response to having a child who is overweight (Battisti, 2010); and involve fathers (mainly low-income and Hispanic/Latino men) in healthy nutrition programs and classes specifically designed to include both parents (Slusser et al., 2012).

While the role that parents play in providing healthy nutrition to their children is, undoubtedly, of great importance, there are also other considerable factors, often beyond their control, that influence feeding practices, the choice of food served to children, and the availability of healthy vs. unhealthy foods. Those factors are typically directly connected to the parents' socio-economic status, including their annual income, the neighborhoods they live in, and the infrastructure that exists in those neighborhoods.

The effect of family's low income and food insecurity on the quality of children's nutrition

There are a number of studies that explore childhood nutrition in the context of low-income families, while focusing on specific issues within this larger context. One study in particular looks at childhood overweight by exploring the relationships between maternal perceptions and concerns for child weight, maternal child-feeding strategies,

and childhood overweight among a racially diverse sample of low-income families who participate in a federally funded child nutrition program (May et al., 2007). Another study discusses the influence of different factors on childhood overweight in low-income immigrant families, ranging from home environment to neighborhoods children live in and schools they attend (Van Hook & Baker, 2010). A study by Richards and Smith (2007) focuses on homeless children and multiple interlocking factors, such as environmental, parental, and personal influences, and their effect on the type and quality of food choices, access to food, weight status, and perceived health among these children. More specifically, these include the environment-placed constraints on accessing healthy food resources, such as shelter rules, lack of adequate storage and cooking facilities, and limited food stores near the shelter, as well as parental encouragement to either overeat or to limit their dietary intake (Richards & Smith, 2007). Finally, a number of studies based in Australia explore the connection between low socioeconomic status and consuming a less healthy diet, where the key determinants of unhealthy eating among disadvantaged children and their mothers include both the aspects of the family and external environmental factors (*e.g.*, Cleland et al., 2010; Timperio et al., 2008).

Furthermore, research seeks to understand the relationship between race, ethnicity, and class, and how those characteristics affect purchasing decisions and food choices among low-income families. More specifically, a study focusing on low-income African American mothers and children in New Orleans tests the hypothesis that the participation in programs for low-income families, such as Food Stamp programs, has a

positive impact on children's nutritional status, after controlling for other potentially important household- and individual-level characteristics (Johnson, Hotchkiss, & Mock, 1999). Several studies aim to identify factors affecting purchasing and preparation of fruit and vegetables and child-feeding strategies of low-income African American women (Henry et al., 2003; Reimer et al., 2004). Another study explores child and maternal determinants of obesity among predominantly Hispanic children enrolled in Women, Infants, and Children (WIC), where living in a low-income, non-border urban area, Hispanic race-ethnicity, maternal overweight, high maternal weight gain during pregnancy, and gestational diabetes during pregnancy are significantly associated with greater odds of child obesity (Lewis et al., 2010). Yet another study sheds light on how food is managed in families at risk of low diet quality where food resources are scarce, specifically focusing on lone mother-led families from Atlantic Canada. (Sim, Glanville, & McIntyre, 2011).

In terms of nutrition-related problems and barriers to obtaining healthy food that low-income families face on a daily basis, a number of studies focus specifically on the problem of food deserts, or areas that lack access to affordable fresh fruits, vegetables, whole grains, low-fat milk and other foods that are typically considered to constitute a healthy diet (CDC, 2010).

There are a number of studies that investigate the growing problem of low-income rural residents living in food deserts with little or no access to a fresh, well-supplied food system (*e.g.*, Ramadurai, Sharf, & Sharkey, 2012; Sharkey, Horel & Dean, 2010). Additionally, a growing body of research focuses on urban food deserts and food

insecurity in poor, underserved urban areas, typically home to indigent individuals and racial/ethnic minorities (Gordon et al., 2011; Morland et al., 2002). These studies and reports address a set of important social and nutritional issues, and some of them focus specifically on health concerns for children in those communities who are at greater risk for cardiovascular disease due to the increased prevalence of obesity (CDC, 2008). However, none of the studies I was able to identify explicitly addresses the role of mothers in children's nutrition in urban areas where residents' access to affordable, healthy food options is restricted or nonexistent.

Hunger and starvation

Additionally, it must be noted that an increasing number of low-income families in the U.S. face a child starvation, which is not as apparent or widely recognized as childhood obesity, but represents a growing problem also related to poor or inadequate nutrition (Brown et al., 2007; Coleman-Jensen, Nord, & Singh, 2013; Gundersen et al., 2014; Ryu & Bartfeld, 2012). Moreover, aside from unhealthy choices, there are many people (1 in 6), including many children (1 in 5), in the U.S. who simply don't have a sufficient amount to eat (Weinfield et al., 2014). While this is certainly an issue of considerable concern, there are currently no studies that specifically address mothers' perceptions of this emerging crisis.

Concluding notes

Having in mind the paucity of qualitative studies including mothers' voices and understandings of their role and responsibility in providing healthy nutrition for their children within the U.S. context, particularly those with a special focus on the role of communication, there is clearly a need for more research exploring these pivotal issues pertaining to the health and well-being of so many individuals. Moreover, as scholars (particularly those in gender and women's studies and health communication) seek to enlarge and humanize scholarship focused on disenfranchised populations and concerning issues of national and global interest such as childhood obesity and other nutritional challenges, they should also make an effort to include the voices of mothers. This is important because mothers are not only frequently blamed for various nutrition-related issues (including childhood obesity and its negative effects), as discussed earlier, but are also repeatedly excluded from the solution-seeking debate surrounding this matter. My research attempts not only to address the above issues, but also seeks to introduce different ways of empowering mothers through participatory research, as described in the subsequent chapters. In the following chapter, I introduce the mothers at the heart of this research project, and detail my methods for data collection.

CHAPTER III

RESEARCH METHODOLOGY

As discussed in previous chapters, despite a significant amount of research focusing on issues of childhood nutrition and health, we know relatively little about the ways in which mothers influence their children's eating habits, how they communicate about healthy nutrition and seek, locate, and share information about it, as well as what are mothers' own perceptions of their role in this process. As a qualitative communication scholar and a fairly new mom, I find the pronounced absence of mothers' voices from the general discussion about childhood nutrition deeply troubling. Thus, my dissertation study as a whole, and in particular my choice of research methods, serves to address some of the issues that are rarely discussed in both lay or scientific literature, and allow me, in my limited capacity as a researcher, to "present people [in this case mothers] in all their complexity" (Ellingson, 2009, pp. 43–44).

In this chapter, I detail the philosophy guiding my data collection process and the methods I utilized for collecting a large and rich set of data. I first address my chosen theoretical approach to data analysis. Then, I elaborate on the crystallization approach as a comprehensive framework for exploring and understanding communication phenomena by using a combination of various interpretive methods (Ellingson, 2009). This elaboration includes three qualitative methods I employed for collecting data: focus groups, in-depth interviews, and photovoice. It is important to note that photovoice methodology encompasses both the photographs that respondents take, followed by in-

depth interviews in which participants explain and elaborate upon the meanings essentialized in the photos. Furthermore, this chapter details the procedures I used for analyzing my large body of data, which resulted in a number of overarching themes discussed in detail in Chapters IV, V, VI, and VII. Finally, I describe the participants at the heart of this research project, my recruitment process, as well as my goals as researcher.

The philosophy behind my data collection process

In order to shed more light onto mothers' own perceptions of the ways in which they influence their children's eating habits, as well as their communication and sources of information about healthy nutrition, in my dissertation study I engaged a variety of qualitative approaches and methods, including focus groups, in-depth interviews, and participant photography (photovoice) to complement and broaden the existing research on my chosen topic. I then turned to the process called integrated crystallization (Ellingson, 2009) to weave these different methods into a quilt of sorts, by combining middle-ground analytic approaches⁶, such as constructivist grounded theory (Charmaz, 2006) with artistic and scientific hybrid interpretations such as participant photography (Wang & Burris, 1997; Wang & Redwood-Jones, 2001) that interactively connect the researcher and the researched. The final result is a rich text comprised of multiple genres reflecting all those different points on the qualitative continuum. As mentioned above,

⁶ Here I'm referring to middle-ground approaches on a continuum of qualitative methods, as defined by Ellingson (2009). Such approaches include focus groups, ethnography, thematic and narrative analysis, grounded theory, case studies, semi-structured interviews, participatory action research, historical/archival research and other methods. I provide a more detailed definition of Ellingson's (2009) qualitative continuum approach later in this chapter.

Ellingson (2009) likens such a text to a quilt, and describes it as both aesthetic and functional in nature, benefiting a variety of stakeholders, and reflecting the voices of both the researcher and the participants. Finally, I acknowledge the limitations of my chosen approach and recognize that different threads woven into my quilt reflect some, but certainly not all, views, realities, and concerns of my research participants. In the next section I discuss each of the aforementioned interpretive approaches and practices, and my reasons for selecting them, in more detail.

Why choose crystallization?

In order to shed some more light on the reasons behind my choosing crystallization as an overarching framework connecting different qualitative analytical lenses I use in this dissertation, in this section I first provide a brief definition of crystallization. Next, I explain the idea of a qualitative continuum, as defined by Ellingson (2009). Finally, I proceed to discuss how crystallization has influenced my choice of theoretical approach for my dissertation study.

Crystallization is essentially a philosophy of how to do research that is premised on using a combination of various interpretive methods or ways of looking at a particular phenomenon. Furthermore, crystallization allows researchers who situate themselves somewhere in the middle ground between art and science to “conceptualize productive blending” of the two ends of the spectrum, utilize middle-ground approaches, and even create innovative interpretive approaches (Ellingson, 2009, p. 7).

Ellingson (2009) defines qualitative methods broadly and across the qualitative continuum, “as we move from a realist/positivist social science stance on the far right, through a social constructionist middle ground, to an artistic/interpretive paradigm on the left” (p. 7). This qualitative continuum encompasses methods ranging from (1) art/impressionist approaches (such as autoethnography, participant observation, performance, visual arts, interactive interviewing), to (2) middle-ground approaches (such as focus groups, ethnography, thematic and narrative analysis, grounded theory, case studies, semi-structured interviews, participatory action research, and historical/archival research), to (3) science/realist approaches (such as coding textual data, random sampling, structured interviews, open-ended surveys). In other words, crystallization “necessitates seeing the field of methodology not as an art/science dichotomy but as existing along a continuum from positivism (*i.e.*, scientific research that claims objectivity) through radical interpretivism (*i.e.*, scholarship as art)” (Ellingson, 2009, p. 5). As mentioned earlier, in this dissertation I am adopting a combination of several middle-ground approaches (grounded theory, thematic analysis, and focus groups) and two art/interpretive approaches (participant photography and unstructured interactive interviews, which together constitute photovoice methodology).

Learning more about crystallization directly from Ellingson and other veterans in the field was an eye-opening experience for me. The more I learned about the crystallization framework, the more applicable to my dissertation project I found it to be. What I thought particularly inspiring about this approach is its capacity to combine interpretive methods with different creative genres. This element allows researchers to

share their findings not only within academic circles, but also with diverse stakeholders outside of academia. Researchers can reach these diverse audiences by generating reports that are accessible for them, thus bridging gaps between different stakeholders and potentially providing valuable resources for social change.

The main reason why I selected this approach for my dissertation, however, was that I recognized it as an ideal way to blend social scientific analyses with creative representations of data and co-construct a holistic, multivocal, and multigenre text of shared personal stories, photographs, and reflections with my participants. The research design of my study underscores some intrinsic possibilities of participatory research methods and a multigenre approach to knowing. Moreover, it showcases some of the merits of engaging the voices of mothers as a part of a larger effort to increase the knowledge base and influence policy and practice on both individual and community levels. I discuss crystallization and its application to my dissertation study in more detail later in this chapter.

Furthermore, motivated by the idea of crystallization, and in order to meet my research objectives and fully address each of my research questions, I needed to select a suitable theoretical approach to data analysis, which would complement the overarching crystallization framework I wished to apply to this project. Having in mind the kind of rich data I was hoping to collect and my qualitative background, my instinct was that the theoretical approach I chose would need to rely upon a form of inductive rather than deductive logic, but I wanted to explore and consider other possibilities as well before making that decision. Because of the ways in which qualitative data are typically

collected, the analytic method the researcher plans to use often influences data collection itself (Rich, 2012). Additionally, as Glaser and Strauss (1967) assert, “Theory must fit the situation being researched, and work when put into use” (p. 3). In the next section I briefly discuss and justify my choice of theoretical approach to conducting data analysis for this study.

Theoretical approach to data analysis

There are several theoretical approaches I considered for this study as they address and inform certain aspects of my inquiry. These theoretical approaches are the Health Belief Model (HBM) and the concept of Self-efficacy (Armitage et. al., 1999; Bandura 1994, 1995; Rosenstock, Strecher, & Becker, 1994); the Stages of Readiness for Change model or Transtheoretical Model of Behavior Change (Prochaska & DiClemente, 1986, 1992; Prochaska, Norcross, & DiClemente, 1994, Prochaska et al, 1994); and the Knowledge Gap Hypothesis (Straubhaar, LaRose, & Davenport, 2010; Tichenor, Donohue, & Olien, 1970).

The HBM aims to both explain and predict health behaviors by focusing on the attitudes and beliefs of individuals. The model is based on the assumption that an individual will take a health-related action if they (1) feel that a negative health condition can be avoided; (2) believe that by taking a recommended action, a negative health condition can be prevented; and (3) expect that they can successfully complete the health recommendation in question. The concept of self-efficacy is a more recent

addition to the HBM, and it pertains to a person's confidence in the ability to successfully complete a health-related action (Becker, Radius, & Rosenstock, 1978).

The Stages of Readiness for Change model postulates that behavior change occurs gradually over time for most individuals, progressing through five stages and in both directions: (1) precontemplation (lack of interest, awareness, or willingness to make a change), (2) contemplation (considering a change), (3) preparation (deciding and preparing to make a change), (4) definitive action, and (5) maintenance (attempting to maintain the new behavior over time). Most individuals tend to "recycle" through the stages of change multiple times before the change is fully established (Zimmerman, Olsen, & Bosworth, 2000).

The Knowledge Gap Hypothesis suggests that knowledge and new ideas are akin to any other commodity which is not distributed equally throughout the society, where those at the top of the social ladder have an easier access to it and understand it better, which, in turn, further increases the gap. The authors enumerate several reasons why this gap exists and the ways of reducing it.

These three approaches have been applied to a broad range of health-related behaviors including weight loss, injury prevention, and overcoming alcohol and drug addiction, among others. In terms of the current study, however, while these models can, indeed, serve to inform certain aspects of my study, none of them fully addresses my research questions. In particular, these theoretical approaches do not seem like the right vehicles for addressing some of my communication-related concerns evident in my research questions. More specifically, none of these approaches would be entirely

adequate for (a) exploring the common themes focused on healthy nutrition for children and the role mothers play in it that exist across different media messages; (b) investigating the communication channels through which mothers receive and exchange information about their role in providing healthy nutrition and ensuring that their children eat right on a daily basis; and (c) surveying mothers' perceptions of possible societal and personal solutions to nutrition-related problems and challenges. Thus, the more time I spent constructing and refining my research questions, the more it became apparent that in order to understand and explain such phenomena more thoroughly, as well as uncover new facets that may emerge during the data collection stage, I need to use an emergent theory. This led me to a grounded theory approach, which I address in more detail in the next section.

Still, these four models, especially the Stages of Readiness for Change approach, were helpful to me in finding out what prompts the participants in my study to take action in terms of improving their children's nutrition and eating habits, and what prevents them from taking that action. Additionally, an issue which is partially implicated in the Knowledge Gap Hypothesis is that of communication channels through which mothers receive and exchange information about their role in providing healthy nutrition to their children, which is one of the key questions in this study. Therefore, I weaved all the above theories into my inquiry, as they have some applicability as well as the potential to help me understand the viewpoints of mothers in my study. See the *Appendix (Pre-Screen and Focus Group Questions)* for references on how individual theories and concepts informed specific focus group questions.

Grounded theory and crystallization

Researchers frequently analyze qualitative data inductively through a process known as *grounded theory* (GT), an approach that relies upon *constant comparison*, to derive common themes, categories, or patterns from their data. More specifically, a GT approach implies that the researcher thinks about the data (*i.e.*, the experiences participants verbally shared with the researcher) inductively rather than deductively. In other words, the findings are grounded in and emerge from the data instead of beginning with a theory and looking for ways in which data support and/or refute specific theoretical principles. In that sense, the researcher uses theory to put the findings in a specific context, thus generating theory empirically instead of using findings to test and modify an existing theory (Charmaz, 2006; Ellingson, 2009). As Janesick (2000) explains, the qualitative researcher is like a choreographer who, at different stages in the design process, situates and recontextualizes the research study within the shared experiences of the researcher and the study participants.

In general, GT methods foster seeing research data in novel and fresh ways, as they consist of systematic, yet flexible, guidelines and allow researchers to direct, manage, and reorganize their data collection and construct original analyses of their data. Furthermore, using GT allows researchers to explore their data-related ideas early in the research process through analytic writing, without requiring them to adhere to rigid, formulaic rules (Charmaz, 2006).

The GT approach was first developed by sociologists Glaser and Strauss in 1967. This groundbreaking approach challenged the dominant quantitative model of social scientific research both by eschewing the separation of theory and research, and changing the perception of qualitative research as inferior to quantitatively based research (Charmaz, 2000). The GT approach is an inductive methodology where theory emerges directly from data and is “grounded” in the data, rather than based on speculative theory. While this methodology originated in sociology, it has since been successfully applied to numerous disciplines, including communication.

While GT is considered an interpretive methodology (Brown, 1995; Goulding, 1998), a number of qualitative scholars believe that GT, as originally described by Glaser and Strauss (1967), fits within the positivist paradigm (Bryant and Charmaz, 2007; Charmaz, 2000; Denzin & Lincoln, 2005). Moreover, Charmaz (2000) asserts that Glaser’s updated version of GT continues to fit within positivist paradigm as it underscores “[a]n objective, external reality, a neutral observer who discovers data, reductionist inquiry of manageable research problems, and objectivist rendering of data” (p. 510). However, there are multiple “versions” or permutations of GT, and since its inception in 1967, several approaches to GT have emerged, including works by Strauss (1987), Strauss and Corbin (1990, 1998), Glaser (2005), Clarke (2005), Bryant (2002, 2003), and Charmaz (2000, 2006).

While all of the above listed approaches to GT can and have been successfully used for qualitative data analysis, Charmaz’s (2006) constructivist GT approach appeals to me as a researcher the most, and it appears to be the closest fit for my study. As a

scholar who needs a flexible approach for my research, puts great value on individual stories, and believes in multiple, subjective, and co-constructed realities, I find the specific strategies of the Strauss and Corbin model a bit too constraining. Therefore, I lean towards Charmaz's constructivist approach to GT (which I address in more detail in the next section), as I see her research paradigm as more congruent with my beliefs about the nature of reality and qualitative research.

Constructivist approach to grounded theory

Charmaz, herself a student of both Glaser and Strauss, moves away from the objectivist leanings that characterize both Glaser's and Strauss and Corbin's versions of the method, and proposes a constructionist version of GT, which reshapes the interaction between participants and research, thus emphasizing the notion of the researcher as an author (Bryant 2002, 2003; Charmaz, 2006, 2005, Clarke, 2003). Epistemologically, constructivism highlights the subjective interrelationship between the researcher and research participant, with a special emphasis on the co-construction of meaning (Hayes & Oppenheim, 1997; Pidgeon & Henwood, 1997). In that sense, the researchers are active participants in the research process rather than objective observers. Therefore, both researchers themselves and their audience must acknowledge their subjective values as an unavoidable and desired part of the final product (Guba & Lincoln, 1989, 1994; Stratton, 1997). Charmaz herself (2006) suggests that the researcher is not passive but, in fact, actively involved in constructing knowledge from the data, where meaning resides neither in people nor data, but between the two. Therefore, the data itself is a

social construction of reality as perceived by the research participants whose experiences are being studied. The particular appeal of this approach for me lies in the fact that the interaction between the researcher and participants “produces the data, and therefore the meanings that the researcher observes and defines” (Charmaz, 1995, p. 35), thus positioning the researcher as a co-producer of the shared meaning. In that sense Charmaz’s constructivist approach drifts away from the idea of GT as silently authored by a “distant expert” and emphasizes the role of the researcher as the author of a co-construction of meaning (Charmaz, 2000, p. 513). Moreover, in her later work Charmaz puts a special emphasis on writing as a strategy in constructivist GT, advocating that the writing style researchers employ should be more literary than scientific in intent and evocative of the experiences of the participants (Charmaz, 2006). Finally, other researchers have found Charmaz’s formulation particularly adaptable to a feminist approach to research and to examining our own positionalities as researchers when examining the social constructions of meaning and making connections between the analytical findings and the data we derive them from (Ellingson, 2009). Similar to Ellingson (2009), I found Charmaz’s approach to GT particularly useful in my research focusing on mothers and issues of mother-blame.

Charmaz (2006) contends that GT methods can successfully complement other approaches to qualitative data analysis. Through employing this approach, an exploration of my participants’ narratives and my interpretations of gathered data have shaped the emergent codes and eventually lead to formulation of central themes and theoretical concepts grounded in the data.

Moreover, this theoretical approach works exceptionally well with a holistic methodological framework such as crystallization (Ellingson, 2009), which I introduced in the previous section. In the following section I discuss crystallization in more detail and deliberate on the ways Ellingson's (2009) and Charmaz's (2006) approaches work together to build a rich and openly partial account of the particular phenomenon I am exploring in this dissertation.

A more detailed view of the crystallization framework

As mentioned earlier in this chapter, a crystallization framework involves using multigenre representations and combining GT or other conventional social scientific analyses with creative representations and analyses of data, such as descriptive narratives, performance, poetry, and/or visuals. Thus, this framework allows the researcher to achieve a greater depth of understanding by combining different forms of organizing, representing, and analyzing data and making sense of it through multiple ways of knowing (Ellingson 2009). Ellingson believes that these multiple ways of knowing correspond to observing an object through a crystal. In other words, she uses the metaphor of a crystal to show how this representation of multiple realities, depicted as facets of a crystal, holistically captures the bigger picture of the participants' internal and external experiences, figuratively, by putting the facets of the crystal all together. Crystallization is particularly suitable for qualitative projects that aim to offer deep, thick descriptions and complex interpretations of meanings about a phenomenon or group. This approach to research reflects a number of distinct ways of knowing; utilizes more

than one genre of writing and representing data; and includes a substantial amount of reflection by the researcher on the different roles he/she plays in the process of research design, data collection and representation of data. Furthermore, it avoids positivist claims to objectivity and a singular Truth in favor of recognizing knowledge as situated, limited, constructed, manifold, embodied, and immersed in power relations (Ellingson, 2009).

Therefore, it seemed appropriate for me to use a variety of interpretive methods and modes of analysis (all discussed in more detail later), and engage crystallization framework to co-construct with my participants a collection of interweaved stories, photographs, and personal accounts on the ways choices, decisions, and challenges pertaining to childhood nutrition affects their daily lives.

To sum up, the steps of applying the crystallization framework to my study were the following. I first sought to provide an in-depth understanding of perceptions of mothers' living in the BCS area of their own roles and responsibilities in providing healthy nutrition to their children by incorporating thick description (Geertz, 1973), multiple voices, and conflicting points of view (Ellingson, 2009). Second, I strived to move across various points of the qualitative continuum by combining middle-ground methods, modes of data collection, and/or analytic approaches with a more artistic/impressionist ones (Ellingson, 2009). Third, I have constructed a written text comprised of multiple genres that reflect those various points on a qualitative continuum. My ultimate goal was to use an integrated crystallization approach to weave a "quilt" comprised of and reflecting all of the above goals, both artistic and scientific. Finally,

through the processes of research design, data collection, and data analysis, I have weaved my own reflections into this quilt, to provide a deeper, more complex, and thoroughly partial understanding of my topic (Ellingson, 2009), with a full understanding and acknowledgement of the subjectivity of knowledge.

Research design

In the first phase of my project I addressed my first research question (RQ1), centering on the common themes that exist across media messages that are focused on healthy nutrition for children and the role mothers play in it. Based on my overview of the broader media landscape and the environmental scan of the current issues pertaining to childhood nutrition, as explained in the first chapter, there seem to be two dominant types of discourse permeating these messages. Specifically, these include (1) suggesting that mothers are responsible or to blame for negative aspects of children's nutrition and (2) identifying problem-solving strategies to educate mothers on the issue.

Participants and recruitment

The next phase of this project focused on answering my remaining research questions by conducting focus group and personal interviews with several groups of mothers of different ages, socio-economic status, races, and education levels residing in the BCS area. To remind the reader of the main goals of this research study and the central ideas that motivated my research, I reiterate my research questions here:

RQ1: What common themes exist across media messages focused on healthy nutrition for children and the role mothers play in it?

RQ2: What are mothers' perceptions of their own roles and responsibilities in providing healthy nutrition for their children?

RQ3: What are the communication channels (for example, media, interpersonal communication, doctor-patient communication, family-communication, cultural heritage, organizational infrastructure) through which mothers receive and exchange information about their role in providing healthy nutrition and ensuring that their children eat right on a daily basis?

RQ4: What are mothers' perceptions of possible societal solutions to nutrition-related problems and challenges that are both feasible in terms of their schedules, budgets, and needs, and appropriate to their respective cultures?

The only two criteria for recruiting research participants were that (1) women have at least one child under eighteen years of age and (2) reside in BCS or the surrounding area. Additionally, all the recruitment materials were provided in English language only, so it was implied that the participants were expected to be able to understand and respond to focus group and interview questions in English. While this still included women who are speakers of both English and Spanish, it certainly excluded participation from non-English speakers and may have discouraged participation from women strongly acculturated with Mexican heritage. According to the U.S. Census Bureau 2010 American Community Survey, the percentage of Spanish speakers in the greater Houston area is 29% (1,596,789 persons age five or older).

However, said survey does not specify the percentage of non-English speakers in the area. Similarly, no data that indicate what proportion of the BCS area residents are Spanish-speakers only were available. Therefore, I cannot make any assumptions about the proportion of the population excluded from the study due to language.

My initial goal was to have between 20 and 40 participants (3–4 focus groups with 7–10 women per group). I was able to recruit a total of 28 female participants and conduct 5 focus group discussions followed by in-depth interviews with all 28 women. This research examined only a female perspective because it is concerned with the experience of motherhood, thus no male participants were recruited, although they featured frequently in women's stories during the interviews.

Recruitment process

Participants were approached and recruited directly by me, as well as through personal networks. I approached women I personally knew who have at least one child under eighteen years of age and reside in BCS or one of the surrounding areas, and asked them to participate in this study. I also asked these acquaintances to connect me with other women who might have been interested in participating in my study. Furthermore, I contacted several already existing groups in the area, such as women affiliated with the federally-funded WIC program, Mothers of Preschoolers group (MOPS), La Leche League (an organization devoted to the promotion of breast-feeding), and the MOMS club (a support group for mothers who choose to stay at home to raise their children). I also got in touch with two campus-based groups, namely Texas A&M Daycare and the

Women's Faculty Network (WFN), to make the process of recruiting participants and organizing focus groups easier. This recruitment strategy was also intended to allow me to potentially segment groups based on the context in which the interviews were to take place, *i.e.*, the locations where already existing groups usually meet, and increase the chance of participants being available for focus groups at similar times.

Another assumption was that women affiliated with these already existing groups would be more likely to feel comfortable with other women from the same group. However, due to participants' busy schedules, times and locations of focus groups were in the end determined based on their most convenient times to meet and few of the women knew other participants personally before attending the focus groups. Finding times convenient for all participants in a focus group was oftentimes quite a challenge since participants had very different daily and weekly schedules, so several women who expressed interest in the study ended up not being able to participate due to scheduling conflicts. In the next section I discuss the way focus group meeting were organized and conducted in more detail.

Focus groups

I was able to organize a total of five focus group meetings that resulted in some interesting and informative discussions and prompted exchange of nutrition-related information among focus group members both during the meetings and outside the group settings, as some of the participants exchanged email addresses and telephone numbers. In the following sections I share more information about the focus groups

meetings, providing confidentiality for my participants, obtaining consent for participation, and finding suitable locations for the focus groups to meet.

Focus group meetings

All five (5) focus group meetings lasted about two (2) hours and the number of participants ranged from five (5) to six (6) in each group (Focus Group 1: five (5) participants, Focus Group 2: five (5) participants, Focus Group 3: six (6) participants, Focus Group 4: six (6) participants, Focus Group 5: six (6) participants), with a total of 28 participants. All focus groups were conducted between 10/21/2011 and 12/12/2011. All focus group participants completed a pre-focus group survey, which is discussed in more detail in the following section (for more details on the pre-focus group survey and focus group questions please see the Appendix).

Pre-focus group participant survey

Prior to participating in a focus group, all participants were asked to fill out a pre-focus group survey in order to provide some basic demographic data about themselves and their families, such as their age; number of children, their ages, and gender; their marital/partner and employment status/occupation; their partner's employment status and occupation; their highest level of education; their race/ethnicity; and their socio-economic status.

Participants' ages ranged from 21 to 52, their education level ranged from high school to Ph.D., while the number of children ranged from one to four. Most participants

(22) identified themselves as White/Caucasian. Three (3) participants identified themselves as Hispanic and three (3) identified themselves as Black/African American. In terms of socio-economic status, twelve (12) participants self-identified as middle-class, seven (7) as lower middle class, six (6) stated they had low socio-economic status, while three (3) self-identified as upper middle class based on their income. Three (3) participants identified themselves as either currently unemployed or between jobs, twelve (12) as working at home as homemakers or stay-at-home moms, four (4) specified they worked outside the home part-time, while nine (9) participants stated that they were employed/worked outside the home full-time. Most participants (24) stated that they were married or partnered and in a heterosexual relationship with a man, while four (4) stated that they were single or currently unattached. Nine (9) participants had only one (1) child at the time of the interview, nine (9) had two (2) children, four (4) women had three (3) children, four (4) of them had four (4) kids, and five (5) mothers were pregnant at the time the study was conducted. Please see Appendix for more details on specific questions, and Table 1 for details on each of the participants (by pseudonym) with their specific information in each of the above listed demographic categories.

Table 1. Participant demographic data

Participant (pseudonym)	Age	No. of children	Marital/partner status	Employment status/occupation	Highest level of education	Race/ethnicity	Socio-economic status
Alannah	34	3	Married	Employed (part-time)	Some college	White	Middle class
Amanda	29	3	Married	Unemployed/ stay-at-home mom	Associate's degree	White	Middle class
Andrea	34	2	Married	Employed (part-time)	Law degree/ Ph.D. student	White	Upper middle class
Anna	34	1	Married	Employed (part-time)	Master's degree	White	Upper middle class
Ashley	27	3	Married	Employed (full-time)	2 years in junior college	Hispanic	Middle class
Betty	29	2	Married	Unemployed/ stay-at-home mom	Bachelor's degree	White	Middle class
Beth	30	1	Married	Employed (part-time)	Master's degree	White	Low income
Bonnie	52	2	Divorced/ single	Unemployed/ between jobs	High school	White	Lower middle-class
Brittany	26	2	Married	Unemployed/ stay-at-home mom	College graduate	White	Middle class
Cara	29	3	Married	Homemaker	Some college	White	Low income
Cathleen	31	4	Married	Stay-at-home mom	Bachelor's degree, EC-6 teacher certification	White	Middle class
Diana	33	2	Married	Homemaker	Master's degree and partial Ph.D.	White	Lower middle class
Gloria	38	1	Single	Employed (full-time)	Some college	Black	Low income
Grace	29	1	Married	Unemployed/ stay-at-home mom	Bachelor's degree	White	Middle class
Hazel	34	1	Married	Employed (full-time)	Bachelor's degree	White	Lower middle class
Jamie	25	2	Married	Unemployed/ stay-at-home mom	Some college	White	Upper middle class

Table 1 continued

Participant (pseudonym)	Age	No. of children	Marital/ partner status	Employment status/ occupation	Highest level of education	Race/ ethnicity	Socio- economic status
Joy	23	1	Single	Employed (full-time)	Junior year in college	Black	Middle class
Julia	31	2	Married	Unemployed/ stay-at-home mom	Master's degree	White	Low income
Kay	29	3	Married	Unemployed/ stay-at-home mom	Bachelor's degree	White	Single income, lower middle class
Lisa	35	3	Single	Employed (full-time)	Some college	Hispanic	Middle class
Maddie	28	1	Married	Unemployed/ stay-at-home mom	Two Bachelor's degrees	White	Lower middle class
Maggie	31	2	Married	Unemployed/ stay-at-home mom	Bachelor's degree	White	Middle class
Maureen	23	1	Married	Unemployed/ stay-at-home mom	Some college	White	Lower middle class
Michelle	34	1	Married	Unemployed, full-time student	Bachelor's degree	White	Single income, middle class
Robin	33	4	Married	Employed (full-time)	Ph.D.	White	Lower middle class
Selena	26	1	In a committed relationshi p	Unemployed/ looking for work	Sophomore in college	Hispanic	Middle class
Tamara	29	4	Married	Unemployed/ stay-at-home mom	Bachelor's degree	White	Low income
Tanya	21	2	Married	Employed (full-time)	Full-time college student	Black	Low income

Participants had the option of completing and sending the survey back to me electronically, via email, or filling out a hard copy of the survey immediately before the focus group discussion. Their answers were not shared with the group.

When forming focus groups, I carefully reviewed the survey responses whenever possible and paid special attention to ensuring that the groups were as heterogeneous as possible and diverse in terms of socio-economic status, race/ethnicity, employment status, religious affiliation, age, education level, and marital/relationship status.

An interesting incidental demographic finding I stumbled across in this study is a somewhat skewed perception of their own socio-economic status held by many participants. As mentioned earlier, when asked to describe their socio-economic status as a part of the Pre Focus Group Participant Survey, participants provided a number of different definitions and explanations, some of which were more descriptive than the others. What is interesting about this is that as many as twelve (12) participants self-identified as being “middle class;” however, as many as nine (9) of them were on food stamps, receiving WIC benefits, or receiving unemployment while looking for work at the time they completed the survey. Evidently, almost half of the participants do not necessarily equate their income or financial status and self-described socio-economic status, or they don’t appear to think about it in purely economic terms. Additionally, many of them think of their families and lifestyle as “average,” a term they automatically associate with the “middle class” classification, as evident in this example: “Looking for work, receiving unemployment, middle class, average.” This is certainly an interesting phenomenon, which may simply apply to this particular community, but it is equally

possible that this issue is not isolated to this population alone and may be true for other communities across the U.S. The implications of such perceptions of one's socio-economic status are unclear at this point, but may be worth exploring in future studies.

Confidentiality

Prior to the focus group discussion, the participants were informed that the study is confidential, which means that research participants could be identified by others in their focus group, but that information gathered would not be shared with anyone outside the focus group settings. While all focus group participants were able to see and hear one another, they were asked prior to the focus group discussion to respect one another's privacy and not to talk about specific people or comments outside the focus group. Also, participants were given an opportunity to use a pseudonym (a false name) of their choice to help protect their privacy and informed that all information about them would be kept confidential.

In the text of this dissertation, all participants mentioned have been assigned pseudonyms or false names. If a participant indicated a specific pseudonym they would like to use, I respected their choice and this was the name assigned to them. Otherwise, pseudonyms have been randomly assigned to each participant to protect their privacy. Also, children's names are never used; instead, they have been replaced by "son" or "daughter" in all the quotes used in this dissertation.

Finally, the participants were advised that if they chose to participate in the study, their participation would be audio recorded, but that all research records and audio

recordings would be securely stored, accessed only by the researcher, and kept for three (3) years after completion of the study before they are erased.

Consent

The waiting period between providing the participant information and obtaining consent for participation in this study was at least one day, and in most cases, several days. All participants were initially contacted via email or phone in advance to decide whether they wished to participate in the study and to be scheduled for a focus group. Once the participants arrived to the location where the focus group discussion would take place, they were provided with the information sheets and consent forms and reminded that their participation was entirely voluntary and that they were free to opt out of the research at any point. Consent was verified just prior to each of the focus group discussions.

Focus group discussion locations

When scheduling focus group meetings an unexpected challenge presented itself: it was rather difficult to find convenient locations for the focus groups to take place. Due to very limited parking available on the Texas A&M University campus, a significant amount of construction work on campus, and some participants' lack of familiarity with the on-campus locations, I had to seek out off-campus locations appropriate for the focus groups to meet. Due to participants' frequently changing schedules, it was extremely hard to plan and organize focus groups more than several days ahead, which limited my

options in terms of finding and securing suitable locations for each group to meet. Due to the limited availability of similar locations in Bryan⁷, all focus groups met in College Station. Since College Station and Bryan are geographically connected, they essentially represent one community, as one city borders the other and many of one city's residents work in the other and vice versa. Therefore, both the participants residing in Bryan and those residing in College Station were comfortable with meeting in College Station. Two focus group meetings were held at the College Station Public Library (10/21/2011, 2:00–4:00 p.m. and 10/22/2011, 11:00 a.m.–1:00 p.m.), two at St. Mary's Catholic Church in College Station (11/5/2011, 2:00 p.m.–4:00 p.m. and 12/12/2011, 9:00–11:00 a.m.), and one at Southwood Community Center in College Station (11/8/2011, 7:00 p.m.–9:00 p.m.). I gained access to these facilities by speaking directly to individuals in charge of meeting room reservations. These locations were selected based on meeting room and parking space availability, as well as participants' preference and convenience of access.

Once all the focus group meetings were completed, I moved onto the second stage of the study, which involved conducting a personal in-depth interview with each focus group participant.

In-depth interviews and photovoice

The next phase of the project included conducting in-depth interviews with participants from each focus group using participant photography, more specifically the

⁷ While the same kinds of locations (such as the public library, community centers, and churches) as those in College Station also exist in Bryan, they were either already booked by other individuals and groups or otherwise didn't have meeting rooms available on days and at times that were most convenient for my focus group participants.

photovoice method (Wang & Burris, 1997; Wang & Redwood-Jones, 2001). Photovoice, as defined by Wang & Burris (1997), is

A process by which people can identify, represent, and enhance their community through a specific photographic technique. As a practice based in the production of knowledge, photovoice has three main goals: (1) to enable people to record and reflect their community's strengths and concerns, (2) to promote critical dialogue and knowledge about important issues through large and small group discussion of photographs, and (3) to reach policymakers. (p. 367)

It is important to note, however, that the participants in my study were not undertaking photovoice on behalf of a community, but rather as individual mothers who live in a common geographic location and share similar concerns about childhood nutrition.

Another point worth noting is that photovoice consists of asking research participants to take the initiative of photographing an important aspect of their lives, per a focal point articulated by the researcher, but also to use the photos both as ends in themselves and as stimuli for conversations about the meanings of those images, thus exercising the voices of people who typically are not represented. Thus the photos and the ensuing conversations are intrinsically entwined and constitute the method. While those conversations are essentially in-depth interviews, they differ importantly from more conventional social science in-depth interviews. They tend not to be semi-structured, because the agenda-setting belongs to the research participant, not the researcher. In other words, the photovoice method is designed to allow the participants

to naturally and more easily share their experiences with the researcher in narrative form. As Wang (2003) asserts, rather than privilege the researcher, photovoice “prioritizes the knowledge put forth by people as a vital source of expertise” (p. 182).

In that sense, by using photovoice, I sought to provide an alternate or additional way of allowing mothers to articulate their experiences with providing healthy nutrition to their children for which they have not had adequate opportunity to express themselves. One of my major goals for this study was to elicit the women’s stories about their understanding of their roles in providing healthy nutrition to children and I believe that creating visual representations of their experiences, such as photographs they have taken themselves, helped both me and my participants a great deal in this process. By relying on participants’ photographs, rather than structured interview questions, we later were able to have a more natural conversation about participants’ perceptions, fears, and concerns when it comes to childhood nutrition. Moreover, photographs participants took often served to spark additional stories they may not have recalled in a more structured interview and allowed them to showcase the issues, situations, objects, people or places they find particularly interesting when it comes to healthy nutrition for children.

All focus group participants agreed to continue with the study and participate in both the photo voice experience followed by an in-depth interview pertaining to the photos they had taken. Each participant received a 27-exposure, single-use, disposable camera and was asked to represent her point of view on healthy nutrition for children by taking photographs. More specifically, I asked participating mothers to take pictures of

meaningful people, experiences, moments, places, and things in their daily lives to illustrate their views of healthy nutrition in their family.

Participants were given specific instructions (see Appendix for more details) and two weeks to use their disposable cameras to record their own understanding of how nutrition affects their own and their children's lives. Once they finished taking pictures, participants were asked to drop off the camera at a designated location so that I could develop the pictures. I then contacted them via email or phone to arrange a follow-up interview, typically within the next week. During the in-depth interview, we talked about the pictures that they considered to be the most significant or interesting. Among other things, I asked the participants to think about: what they saw in the picture; how the picture made them feel; why they took the picture; and what may have been missing from the picture. More specifically, I asked them to story meaningful aspects of their daily encounters with healthy nutrition for children and their understandings of it through photography. Afterwards, we met for follow-up interviews in an effort to co-construct meanings and stories, and promote the collaborative nature of the interview process. The photos participants took, in other words, became the focus of follow-up interviews during which each woman explained the significance of her set of photographic images. I believe that this approach encouraged participants to share stories I would not have been able to anticipate or prompt with a prearranged interview protocol.

To sum up, my goals were to enable mothers to record and reflect on their approaches to providing the best and healthiest possible nutrition to their children

(including barriers they face and concerns they have); to promote dialogue about this issue through our discussion of the photographs they take; and to possibly reach policymakers, concerned citizens, and other community members by providing an academic outlet for the participants' images and stories through this dissertation, any subsequent journal articles and other publications, and scholarly presentations that may result from it.

In-depth interview locations

All in-depth interviews took place in locations that were not too loud or distracting, such as the participant's home, a quiet restaurant, or a coffee house. All locations were chosen based on particular participant's preference and convenience. Another goal in selecting the interview location was to ensure that no others were present/involved in the conversation to protect participant's privacy and that the potential for distractions was minimal.

Compensation

As mentioned here earlier, there were two parts of the study and all participants were compensated for their participation in both.

As compensation for their participation in the first part of the study (focus group discussion), each participant was given a large gift basket with healthy foods and snacks for them and their family following the completion of the focus group discussion. I made sure to check with the participants before the focus group meeting about any food

allergies or restrictions to ensure that their families could enjoy all the foods included in the gift basket. Additionally, I prepared a healthy, tasty meal for each of the focus groups, which included a wide selection of fresh fruit and vegetables among other things.

Prior to participating in the second part of the study, in which participants were asked to take photographs to illustrate their views of healthy nutrition in their family, all participants received a disposable camera and were given two weeks to take the pictures and return the camera to me in the envelope provided. For the sake of their convenience, participants were offered the option of dropping off the disposable camera at a local restaurant, where they could enjoy a free healthy appetizer of their choice with freshly baked bread as a compensation for delivering the camera.

As compensation for their participation in the in-depth interview, all participants received a \$15 Walmart gift card following the completion of the interview. Also, all participants received copies of every photograph they took in the second stage of this project, and they were encouraged to use any leftover film in the disposable camera to take pictures of anything or anyone they would like for free.

In addition to conducting in-depth interviews with each of my 28 study participants, I also conducted three conversations with agency directors and individuals living in BCS area who are knowledgeable in different ways about children's nutrition. While these conversations, strictly speaking, were not formal interviews yielding data to be analyzed, they were quite valuable to me as they added to my understanding of the issues at hand.

Key informant interviews

I conducted a total of three interviews with key informants living and working/studying in BCS area. All of the interviews were conducted in December 2011. These key informants included Dr. Phebe Simmons, Director at Family Promise of Bryan-College Station, the mission of which is to help homeless children and their families achieve sustainable independence; Diane Dahm, Director of Child Nutrition Services at College Station Independent School District; and Oyuna, an international graduate student at Texas A&M University and a mother of one.

My conversation with Simmons shed more light on the situation and nutritional habits of the BCS lower-income community, particularly issues pertaining to availability of certain food, food choices, and childhood overweight. Dahm was able to provide information about the preparation of school meals and their nutritional value, as well as teaching nutrition information in schools and sharing it with parents and caregivers. Finally, Oyuna was able to share her perspective as a single mother coming from a different culture, who lives in BCS area and is raising a child without a car and access to some of the amenities others may take for granted. All of my three key informants shared valuable information that served to deepen my understanding of the many challenges mothers living in BCS area face when it comes to healthy nutrition for their children. Even though I am not treating these key informant interviews as sources of data for analysis in the strict sense, in my analysis chapters I make occasional references to

them in order to provide a deeper, more holistic understanding of the themes emerging from my focus group and in-depth interview data.

Concluding remarks

In the next chapters I present my data analyses and discuss the results of my research, divided into four separate analysis chapters organized by overarching themes. Following is my Conclusion, which is dedicated to the goal of summing up the preceding analysis chapters to identify and showcase the main concepts that explain mothers' communication about and perceptions of their role in children's nutrition, thus developing a theory fully grounded in the data. Finally, I address the limitations and implications of this study, both for communication research and practice.

CHAPTER IV

MOTHERS' UNDERSTANDING OF HEALTHY VS. UNHEALTHY CHILDHOOD NUTRITION

Most of us are not licensed dietitians and our professional or personal skill sets do not involve familiarity with principles of nutrition, biochemistry, physiology, chemistry, food management, and behavioral and social sciences. However, in spite of lack of professional expertise, most of us have an idea of what constitutes healthy nutrition and know that some foods are better than others in terms of health.

Perceptions about what constitutes healthy nutrition may vary depending on numerous factors, such as cultural background, level of education, socio-economic status, and access to information, such as guidelines provided by the government and medical providers, or even the color of the product's label (Schuldt, 2013).

Regardless of the source of information and their personal level of knowledge about healthy eating, mothers are universally expected to have a fairly clear understanding of what foods are good for their children and families, and which should be avoided, most notably in western industrialized societies. Also, mothers are usually the ones who are blamed for less than optimal judgment if their perceptions of healthy eating divert from officially accepted ideas about balanced nutrition (Austin, 1999; Campos, 2004; Campos et al., 2006; Gard & Wright, 2005; Murray, 2008). An extreme example of this is the case of a Canadian mom who was fined \$10 by daycare in 2012 for packing an 'unhealthy' lunch which consisted of one dairy product, one meat, and

two fruits or vegetables (in this case, milk, leftover roast beef, carrots, potatoes, and an orange) but lacking the prescribed grain product required by the Manitoba Government's Early Learning and Child Care lunch regulations (Klimas, 2013). As indicated in this rather outlandish example of policy gone bad, policymakers are sometimes so terrified of taking even the slightest risk with children's nutrition that they are willing to go to ridiculous lengths to ensure and preserve its perceived healthfulness.

This brings us to the notions of risk and uncertainty in relation to children's nutrition and the necessity for identifying potential culprits for what is deemed as substandard diet, which I discuss in more detail later in this chapter.

Children's nutrition and risk

There are numerous issues of risk associated with children's nutrition, including the threat of obesity, malnutrition (*i.e.*, nutritional choices that are perceived as limited, poor or inadequate), environmental dangers, food safety concerns, and food-related allergies. With so many concerns to focus on, the perceptions of health risk also function as part of the increasing surveillance role played by modern medicine, various social institutions, and concerned citizens alike. This, in turn, causes individuals, especially mothers, to engage in amplified watchfulness over both their own bodies and behaviors, as well as bodies and behaviors of their offspring (Armstrong, 1995; Lupton, 1995; McNaughton, 2011). Therefore, contemporary mothers' ideas about (un)healthy nutrition are often centered around and rooted in the notions of risk and uncertainty, and

amplified by a sense of being continuously surveyed and scrutinized by others for signs of irresponsible or “bad” mothering.

Conflicting perceptions of children’s nutrition: A source of both stress and fulfilment

As a fairly new mother, I am certainly not immune to actual or perceived criticism when it comes to my mothering skills. In fact, even the idea of *possible* criticism makes me feel uncomfortable and a little bit guilty. Does packing a less than a perfectly balanced lunch for my child to take to daycare make me a bad mother? Probably not. But I still scrutinize myself and the kind of food I put into my daughter’s lunch box as if the nutritional police are waiting around the corner to arrest me for my alleged crimes against health and happiness. On the other hand, however, I feel immense pride when I am able to provide a lunch option for my daughter that I perceive as simultaneously nutritious, healthy, and delicious. It is oddly satisfying to suspect that anonymous others would perceive it as such, too. This is something that the participants in my research study expressed as well on numerous occasions: providing what they perceive as healthy nutrition for their children can be both extremely stressful and enormously rewarding for them.

Through their participation in my dissertation study, 28 mothers living in the BCS area had an opportunity, some of them for the first time, to voice their experiences, concerns, and successes when it comes to providing what they perceive as healthy nutrition to their children. Through the analysis of focus group conversations and in-

depth interviews I conducted with my research participants, I was able to identify the following five overarching themes, which emerged from the data and the questions I asked. Each of these themes is addressed in my analysis chapters:

1. Mothers' understandings and definitions of healthy vs. unhealthy childhood nutrition;
2. How mothers become informed about healthy and unhealthy nutrition for children;
3. Mothers' perceptions of the role they play in their children's nutrition and in communicating about food;
4. Mothers' perceptions of barriers and challenges to providing healthy nutrition for children; and
5. Mothers' perceptions of the societal solutions and personal strategies for resolving barriers and challenges to providing healthy nutrition for children.

In this first chapter of analysis, I focus on the first overarching theme: mothers' perceptions of what constitutes healthy and unhealthy nutrition and their definitions of it. In this chapter I also discuss the sub-themes that were identified through my conversations with my participants.

Through the in-depth exploration and analysis of the above listed overarching themes, I piece together an expressive quilt made up of observations, individual stories, photographic images, and co-constructed meanings and perceptions of (un)healthy nutrition for children and the roles that mothers play in it, shared by my participants.

This is my attempt to share mothers' stories and include their voices into the growing discussion about children's health and nutrition in the U.S.

Mothers' understandings of healthy vs. unhealthy childhood nutrition

"If your grandma wouldn't recognize it as food, you probably shouldn't eat it."

–Brittany

While different perceptions about healthy vs. unhealthy foods continue to fuel many debates, both in the media and among scholars—Michael Pollan's recent fervent criticism of the Paleo Diet comes to mind, determining what constitutes a healthy diet and which foods are considered unhealthy seemed to come naturally to all of my participants. As evident both in my focus groups and in-depth interviews, participants were confident that they knew how to distinguish between the foods that are good for them and their families, and those that are not. Moreover, for all participants the knowledge of what constitutes a healthy diet and making sure that their children adhere to it as much as possible is something they consider an important, intrinsic part of being a mother. Furthermore, all participants felt that it is their responsibility as mothers to be knowledgeable about healthy nutrition and to provide the healthiest possible options within their means to their families. However, they found acting in accordance with their perceptions considerably more challenging than simply being aware of principles of healthy eating. Many participants noted how hard it is to eat healthily on a budget, and how much more expensive healthy foods are when compared to junk and highly processed foods. Therefore, providing healthy nutrition to their families was often

identified as a challenge, a grueling task, and a source of considerable stress and anxiety for my participants.

In the following section I focus on my participants' perceptions of good nutrition, which includes their definitions of a healthy diet as well as which foods they make a conscious effort to avoid. I also discuss the importance of making meals from scratch, the ways in which culture influences food choices, and the importance of achieving balanced nutrition.

To your good health: Healthy eating defined

As shown in this section, all participants in the study hold very similar views when it comes to their definitions of a healthy diet. More specifically, all participants defined a healthy diet as one rich in fruits and vegetables. As Selena posits, "Fruits and vegetables are always healthy. You'll never go wrong with that." Similarly, Figure 4 as well as the title chosen by the participant, clearly depicts the perception that fresh fruits and vegetables are the right choice for a healthy diet.



Figure 4. Making the right choice (Julia)

Maureen's definition of a healthy diet is similar to that shared by Selena and Julia: "I think it's important to have this large portion of vegetables, at least half of your plate, you know, because that's healthy. I mean, if you've got your vegetables and fruit, you're good." Another participant, Brittany, agrees with this perception (Figure 5): "We usually have spinach or lettuce, and I think right now we have like asparagus and zucchini and cucumbers. I think that kind of implies that we do have fruits and vegetables and fresh produce in our house. I think it's important to eat lots of fresh produce for a healthy diet."



Figure 5. Full of produce (Brittany)

It is interesting to note that while most participants expressed a distinct preference for fresh fruits and vegetables, quite a few of them also believe that frozen foods retain most of the nutrients and are equally healthy as the fresh ones. As Selena, who is a proponent of fresh foods, states:

The only vegetables we buy out of the can are beans because they take forever to cook otherwise. So, you know, we'll get baked beans or, you know, red eye beans or whatever but that's the only thing out of a can generally. When I go to the store, I usually buy a couple different kinds of fresh vegetables. And use them relatively quickly. And it's probably better for you not to eat foods out of can because they have all those added chemicals and preservatives.

Similarly, Bonnie believes that it's best to consume fresh produce (Figure 6), especially what is in season:

I feel bad about the people at poverty level or even above it—even middle class folks sometimes, who will get canned fruit and veggies because of the prices—especially if they’re out of season. Most of the time I don’t buy out-of-season produce because it’s not as good. And the price is sky high.



Figure 6. Ingredients for a healthy diet (Bonnie)

This sentiment was echoed by other participants, such as Julia, who seemed very certain about the perceived benefits of fresh fruit and vegetables: “First you should go for the fresh, and then frozen, and then canned, in that order, and try not to cook them very long, you know, to keep your vegetables crunchy and preserve most of the nutrients.” Similarly, Betty stated that she and her family “just try to stay away from the frozen food and the canned altogether.

On the other hand, some participants, such as Cara, were uncertain about the potential risks and benefits of consuming canned and frozen fruit and vegetables:

I am constantly in the debate of fresh, frozen or canned. I've heard so many different opinions. And I've actually heard a lot of times that the flash frozen is actually healthier than fresh because they pick it off the tree, they peel it, they slice it and they freeze it immediately. So, whereas the fresh produce has been on the truck for a week, it's been off the vine, it's losing nutrients in transport. And I've heard sometimes that your canned stuff will actually have more nutrients if it's fresh, depending on what the product is. And your frozen is almost always going to have the most nutrients in it just because it's frozen at its peak freshness when it's got the most good stuff in it. So, I'm in a constant struggle with fresh, frozen, and cans and trying to find which one is healthiest. I'm all about getting the most out of my food, whatever form it comes in.

Robin, on the other hand, prefers fresh fruit and vegetables for their taste as well as their nutritional value, but feels that frozen vegetables may be even healthier than the fresh ones:

I always buy fresh fruits when I go to the grocery store and I usually make another trip because I include fresh fruits in [my kids'] lunches every day. So I usually go back and get some more fruits to last for about two weeks. And I usually buy a couple of fresh vegetables and if we don't end up using them fresh, we freeze them. We don't eat canned vegetables at all. They don't taste good to me when they're canned, and the kids won't eat them either. But we do eat frozen vegetables, because based on what I've read, they're better frozen than

fresh health-wise. We usually have peas or some frozen green beans and some corn occasionally.

Furthermore, a majority of mothers in my study mentioned that other foods, such as dairy products and lean meat, are also healthy but should be consumed in moderation. As Julia states, “I think eating a healthy diet in our house involves limiting a lot of dairy products and then also a lot of meat. Just from nutrition classes I’ve taken and what I’ve read, I try not to have meat every day and then when we do have it, it should be a lean cut.” Similarly, Diana shares her perception of a healthy diet for both adults and children and how to avoid unhealthy options: “If you’re eating mostly whole grains and veggies and fruit and lean meat and however you choose your dairy products, you’re going to avoid a lot of junk food anyway. So, it’s all about giving your kids healthy stuff and limiting the unhealthy options.” It is interesting to note that almost all participants identified chicken, especially chicken breast, as their favorite source of protein, as it is both lean, flavorful, easy to prepare, relatively inexpensive, and something their children are likely to eat. Figure 7, taken by Anna in her home, shows an example of what she and her family consider both a healthy and delicious dinner, featuring grilled chicken kabobs, wild rice, and blanched green beans tossed with olive oil and spices.



Figure 7. A healthy dinner: Wild rice, green beans, and chicken kabobs (Anna)

Many participants emphasized the importance of children having good eating habits and being able to make healthy choices. For Joy, who is a single mother, establishing healthy habits is especially important since she is the only person in her household who can ensure that her son is eating a healthy diet. She believes that a healthy diet starts with healthy snacks, such as fresh fruit, veggies, or oatmeal, as shown in Figure 8, which depicts her toddler snacking on freshly cut apple slices.



Figure 8. A healthy snack (Joy)

This was echoed by Ashley, who believes that even treats can and should be made healthy, by including fresh, wholesome ingredients such as fruit. As she asserts, “I feel really thankful that my kids are great fruit eaters; they would be tearing up the fruit salad” (Figure 9).



Figure 9. A healthy treat (Ashley)

Moreover, the role of establishing good habits and positive routines was emphasized as important by several participants. For example, as Robin states:

We got our children in the habit of eating fresh fruits and vegetables on a daily basis, whenever possible. And if we run out of fresh stuff at the end of the week, they'll have one of those little fruit cups that have no sugar added. But I'm always providing fruits and vegetables. And I think that's how you teach them good habits by putting healthy options in front of them, in addition to setting a good example with what you eat.

As expressed by a number of participants, another important concern pertaining to choosing the right foods for yourself and your family is the fat content. Most participants identified whole grains and low-fat foods as important components of a healthy diet. Additionally, all participants recognized that "natural," whole, raw, fresh, or minimally processed foods are far more superior in terms of healthfulness than highly processed, artificial, or "junk" foods, or foods containing a great deal of additives and chemicals. As Amanda shares,

My definition of healthy food is the closest to nature possible. [Food] in its most natural state, least processed, as close to the whole food as you can get. And if it's going to be processed like the tortillas or bread, we try to make it ourselves because it tends to have less preservatives and stuff. We know what goes in there, and we can use 100% whole wheat flour.

She emphasizes the importance of preparing her own food, thus reducing the feelings of uncertainty by knowing which exact ingredients were used, which was identified as an important issue by several other participants as well.

While the above definitions of a healthy diet mainly focus on listing foods and preparation methods mothers in the study consider healthy and nutritious, many other participants defined their perception of a healthy diet primarily as active avoidance of unhealthy foods.

What not to eat: Foods to avoid

For most participants in my study, unhealthy foods are a necessary evil: something you are fully aware is not good for you and should be avoided whenever possible, but simply cannot be evaded at all times. The participants most frequently used the phrase “junk foods” to describe the foods that are high in calories (mainly from sugar and fat) and sodium, but low in protein, vitamins, and minerals, and with little nutritional value. They generally described junk foods as deep fried foods, sugary treats, and highly processed foods and drinks (such as chips and other snack foods, candy, sugary carbonated beverages), as well as prepackaged meals and meals bought at fast food restaurants.

When discussing unhealthy food choices and habits, all participants stated that avoiding sugar and other sweeteners is an important part of maintaining a healthy diet. As Tamara asserts: “I think a lot about avoiding sweets. I know my 4 year-old, he would eat only sweets if I let him. And so it’s just kind of a battle to get him to eat healthy

food, the right kind of food. Giving your body the right energy and not just fake energy is very important.” Similarly, Robin addressed the importance of monitoring the sugar content of snacks consumed by her children: “When I pack lunch for my children to take to school, it always includes fresh fruit, or at least we try to include fresh fruit. And now you can buy the little fruit cups that have no sugar added, which is great when you’re in a hurry.” As Robin affirms, quick, healthy options are a great choice when in a time bind, such as preparing lunch for four children on a week night. Even more important, as Robin and several other participants observed, food companies are recognizing this need more and more and are catering to customers who are looking for healthier options by offering more products with “no sugar added.” However, sometimes it is extremely hard to avoid unhealthy, processed foods with a high sugar content because they are often advertised as good sources of fiber, whole grain, and other ingredients that are generally considered to be healthy. This is especially true of breakfast cereals, as shown in Figure 10.



Figure 10. Sugary cereal (Robin)

Other participants shared Robin's perception that the nutritional value of breakfast cereals that are typically marketed to children is low and that they are, in most cases, simply glorified junk food. As Michelle observes, "Eating processed foods that are high in sugar content can be like alcohol to kids—even the cereals that we give them for breakfast can harm them in a way." Jamie expressed her concern about healthfulness of breakfast cereals as well:

The USDA recommendations for the daily values for kids are that they should eat up to three teaspoons of sugar a day. And most of these cereals have over twice the amount of that sugar in one serving. So it's going to be six teaspoons of sugar in one serving of their favorite breakfast cereal. And this is twice as much as they're supposed to eat per day!

In fact, breakfast cereal was identified by several participants as the ultimate junk food item, because it is frequently disguised as a healthy option. As Amanda shares, even though she avoids giving sweet treats to her children, the only "forbidden food" in their household is sugary cereal: "What I do for my children, I have some of the sweet snacks occasionally, and we do tend to have some sweets every once in a while, but the things that would be forbidden are definitely really sugary cereal or something like that."

Moreover, several participants noted that the main problem with junk foods and other unhealthy options is that they get marketed and promoted in the media a great deal more than healthy, fresh, and whole or unprocessed foods. As Betty affirms,

In general making money ends up taking precedence over eating well. And a lot of things get targeted at children like cereals that have pretty much nothing but sugar in them. They target it at children for them to buy for happy meals, or toys, or whatever, and it would be nice if you didn't have to fight that all the time. But it's more big business than anything else.

This problem led several moms in the study to develop coping strategies to help curb and manage sugary cereal cravings in their children. Here Kay describes the way she approaches that issue: “Instead of giving my kids the sugary cereals for breakfast, I serve them after dinner. “Okay, dessert time,” and they can have sugary cereal because it's fortified. It's not like—here's a Ding Dong or a Ho Ho for dessert. And then the kids are like, ‘Alright!’ so it's like a special treat.”

In addition to trying to stay away from cereal marketed especially to children, a number of participants noted that they try to avoid store-bought juice as much as possible, because it is full of sugar, artificial colors, and other additives (Figure 11). Several participants mentioned that they give juice (typically apple) to their children only as a quick home remedy when they are constipated. The majority of moms in the study still gives juice to their children on a daily basis, but will dilute it with water in order to reduce the sugar content and increase the water consumption. Also, most participants agreed that store-bought fruit juice is not a good source of fruit, which is a different view than most of their mothers had when they were growing up. As Gloria shares,

The best thing you can do is to drink just a plain glass of water, but my parents and my grandparents, in that era, people used to believe that children need to drink juice. They need juice because that's how they get their fruits and vegetables—from the juice. And of course, nowadays, they say, don't introduce juice, at the max, two to four ounces of juice per day. Because it's full of sugar; even 100 percent fruit juice still has a lot of sugar.



Figure 11. Juice, anyone? (Betty)

As seen from these examples, most participants in the study made a conscious effort to address misconceptions about healthy nutrition and avoid foods that may appear to be healthy or are perceived as the staples of an all-American diet but are in fact filled with artificial ingredients that are low in nutritional value.

Give peas a chance: Vegan and vegetarian options

In addition to avoiding fattening foods and sugary treats, a number of participants emphasized that meat and meat products should be consumed in moderation or even entirely avoided. Moreover, roughly 25% of participants identified a vegetarian or vegan diet, rich in fresh vegetables and fruit with no meat, as superior in terms of health to a diet rich in animal products. However, in spite of this emphatically professed perception, only two participants self-identified as fully vegan or vegetarian. Several participants shared their reasons for not exclusively following either vegan or vegetarian diet during in-depth interviews, and the most compelling reasons for this were the following: (1) the perception that vegan and vegetarian foods generally cost more than meat products; (2) limited availability and variety of these foods in BCS area; (3) the perception that vegan/vegetarian meals are less flavorful, take more time to cook, consist of hard-to-obtain ingredients, and are significantly more complicated to prepare; (4) that plant-based meals are not as filling as those rich in meat and dairy; (5) that children may not get all the nutrients they need by eating an exclusively plant-based diet and that it may be unsuitable or even unsafe for children; and (6) that some family members may refuse to eat a vegetarian or vegan diet, which would make meal planning and preparation too time-consuming or downright impossible.

As Alannah explains,

In order to buy vegan products I have to go to Village Foods – and pay \$3.50 for a small cup of butter that’s made with olive oil, or soy, or if I want, it’s \$3.97 for a package of eight slices of vegan cheese. And we can’t afford to pay that much

on a regular basis. That's the only place you can get the vegan options because at HEB, even though they do have a very big health food section, they don't really have food that caters strictly to the vegan diet.

Similarly to Alannah, who finds the lack of availability and variety of vegan foods in the area frustrating and their prices too high for a family with a limited budget, Beth identifies lack of familiarity with some of the ingredients and their absence from local supermarkets as her main reason for not preparing more vegan and vegetarian meals:

I was browsing through the cookbooks and I was looking at all these vegetarian cookbooks and they were so complex, this ingredient and that ingredient, things I've never heard of, and I thought, well, there's no way I'm going to find that at Kroger. And it's kind of a big step to go from eating a standard American diet to just really far out there vegetarian cooking. I mean, that's kind of a bit much.



Figure 12. Ingredients for a tasty vegetarian meal: Homemade pesto (Amanda)

Based on the reasons for favoring a diet that features both meat and dairy over the exclusively plant-based foods voiced by the participants, it seems that most mothers in the study perceive the vegan/vegetarian diet more as a part of an affluent lifestyle than a strategy for healthy living or simply a personal preference. In other words, those who have the luxury to spend time looking for exotic ingredients or mastering new, complex recipes, or those who can afford expensive foods that are not readily available at major food stores in central Texas may be more likely to follow the vegetarian or vegan lifestyle.

On the other hand, the two participants who identify as vegan and/or vegetarian believe that their diet represents not only a healthier choice that is relatively affordable, but also one that is delicious, filling, and guilt-free (Figure 12). As Amanda asserts,

I think a lot of people, when they think healthy options, they think it's not really flavorful at all. They think that vegetarians have to add more seasonings because you need that flavor that the meat provides. And they think they'll eat it and won't feel full. But we'll make a really tasty vegetarian meal, and we'll stuff ourselves silly. We feel like there is nothing unhealthy in that meal. And even if it has some extra calories, it doesn't matter, because it's all stuff that's good for you.

According to Amanda, as well as several other participants, not all calories are created equal and some foods (notably fresh, whole foods) are evidently more nutritious than others. Furthermore, she believes that it is fairly easy to transform conventional recipes

that contain meat into vegetarian or vegan ones, thus making them healthier but no less flavorful:

I got this recipe for chicken tortilla soup online. And the important part is that I crossed out the chicken, and I crossed out the chicken broth, and I cooked vegetable broth instead. And I crossed out a couple of other things on here, too. Look, this is a healthy recipe. And so, you can take recipes that you really love and modify them like this. We really love tortilla soup and we make it vegetarian, and it still tastes really, really good.

This, however, may represent a challenge for those mothers or other caregivers who are not particularly well-versed or creative cooks or do not have the time necessary for making meals similar to what Amanda describes.

In addition to discussing the health benefits of a diet rich in plants (Figure 13), many participants also addressed the perceived superiority of organic over nonorganic foods.



Figure 13. Delicious vegetarian options (Anna)

Do we have to eat “clean and green”? The battle of organic vs. nonorganic foods

When providing their definition of a healthy diet, as many as 18 out of 28 participants spoke about the benefits of eating organic foods, which were deemed superior to the conventionally grown or farmed foods. However, participants also identified a number of barriers preventing them from introducing more organic foods into their family's diet or eating an exclusively organic diet. The greatest barrier that was recognized was the cost of organic products, which is significantly higher than the cost of conventional food items, especially when it comes to meat, eggs, and fresh fruit and vegetables. Additionally, lack of availability of organic products in local grocery stores was identified as the second biggest reason for not consuming them as much or as frequently as desired. Finally, several participants noted that it's still unclear what the benefits of eating organic vs. non-organic foods are. They would like to learn more about those issues, but that there is not enough reliable information available.

Beth, who works as a nutritionist at a local health clinic, observed,

While I do know that organic food is not more nutritious than non-organic food, what I don't know is whether there are other implications there. I mean, is organic better than the other food, long-term? I don't know the answer to that and I don't know that anyone knows. It's another one of those really long studies that are hopefully going to happen.

As evident in the quote by Beth, many participants in the study were primarily motivated to buy organic foods because of the perceived notions of risk and uncertainty. As several

participants noted, in the world where there are so many food-related risks and uncertainties, it's better to be safe than sorry, as long as you can afford it. In that sense, many participants in this study perceive purchasing organic products whenever possible as an investment in their family's health. In other words, we may not know what the long-term benefits of eating organic foods may be, but it is safer to avoid potentially and verifiably harmful ingredients, such as antibiotics and growth hormones, if we can.

Most participants agreed that they value organic products for their perceived health benefits, such as lack of pesticides, insecticides, chemically based herbicides, synthetic or chemical fertilizers, antibiotics, and growth hormones. Also, the fact that organic foods are not genetically modified or engineered made most participants feel that they are much safer and healthier than conventionally grown or farmed foods. In that sense, consuming organic products serves the purpose of lowering participants' anxiety or reducing their uncertainty about certain food items, especially milk and meat, which are perceived as particularly risk-laden. Non-organic milk was seen as especially problematic because children typically consume so much of it on a daily basis and there are many uncertainties associated with artificial hormones in milk. A number of participants stated that if they had to choose, they would purchase organic products for their children and continue to consume conventional products themselves because children were seen as both more susceptible to problematic ingredients in food and their health as more valued than the health of grownups in the family. As Jamie shares:

I do worry about artificial hormones and stuff like that. Maybe not as much as some people do because I also don't have a lot of control over it, but I do worry

about it. That's one of the reasons we try to buy organic meat and dairy. And also one of the reasons we don't buy soy because of the estrogen in it. I don't think estrogen is necessarily bad for a grown woman like myself, but I don't want my son's levels of estrogen to be high. Or even my young daughter; she shouldn't have this level of estrogen in her body yet. I think it could harm my children and so I'm very careful about it. You can't really make a conscious choice in everything, you can't really always tell what is harmful and what isn't, but you can make it a point not to eat your soy or to buy organic meat and dairy whenever you can. And we try to do that.

Interestingly enough, the notion of uncertainty when it comes to conventionally grown and produced foods that Jamie describes was also used by a number of participants to explain their decision not to buy organic foods, since they are so much more expensive than the conventional products. For example, even though she is not entirely comfortable with buying and consuming conventionally grown foods, Julia believes that the jury is still out when it comes to the benefits of an all-organic diet: "It's an issue that I don't feel particularly comfortable about. But I don't feel like there's any justification right now to buy only organic. So, we don't. I don't feel very comfortable about that [decision] and I'd like to learn more. But at this point, we just wash everything really well."

Similarly, Robin believes that the evidence showing the benefits of eating organic foods is not strong enough, and since her family is large and struggles

financially, they continue to buy non-organic products to save money. However, there are still some nagging concerns that make her question this decision from time to time:

The thing that drives me crazy is the situation with milk. I typically buy cheaper milk at Kroger because they have great values. It's like \$2.97 a gallon, so we spend about \$10 a week on milk. And it says on the bottle that the farmers pledged not to treat their cows with antibiotics and artificial hormones. But there's no guarantee and it drives me nuts because I really want to know. Are they actually doing this? Or are they just saying it to sell more of their product? And there are so many scary stories in the media, about young girls developing breasts and getting their period much earlier now than they did 15 years ago. And it's because of the milk. But because we don't know enough about the causes, I still buy the cheaper milk. But I still worry and keep wondering is this bad for my kids? We're drinking three gallons of it a week and I feel like I'm taking a risk here. I just don't know. But we drink it a lot. And it's expensive. And we don't really know that organic milk is better. So we don't buy it, because we can't afford it and there's not enough evidence that organic is really better.

While most participants in the study expressed their interest in, if not a clear preference for, organic foods because of their perceived health benefits, only one participant, Michelle, stated that her motivation for purchasing organic products is mainly driven by her environmental and ethical concerns: "I have tried to buy organic produce but that's not for health reasons, it's for environmental reasons that I do that. I also try to support fair trade in terms of coffee and chocolates and the items that I can

make these choices on. But I'm not sure that we really still have the money to buy organic and fair trade at this point."

A number of participants expressed their dissatisfaction with the high prices of organic products and several identified purchasing such products as "splurging." Even though most participants agreed that organic products, especially produce, "taste better" and are "fresher" than conventional products, they are most often unable to afford them. As Maureen states, "I love organic milk and my son loves it too, and I know it's better for him, but the thing is, it's three times the cost of regular milk. We can't afford that."

Additionally, as Anna describes, purchasing and eating organic foods on a regular basis seems to be a part of an affluent lifestyle that few people can maintain:

We went to the HEB [...] and [my daughter] was hungry. So I looked for something for her to snack on. When you first walk in the door the first thing I saw was the bulk section, so I started walking through [it]. They have these Fig Newtons that are whole wheat on the outside and have figs inside, but it was organic fruit and ingredients, so I was like, well she'll like this, and it's good for her. Let's get it. And then I looked at the price and I was like, wow, it was like ten times more expensive than if I had bought an actual Fig Newton in a box. So I was like, whatever, I'm just going to buy one. I bought two. She ate one in the grocery store and the second one a few days later. Super nutritious, but I was like, this is what you pay for healthy nutrition.

Several participants stated that they never even consider the organic vs. nonorganic dilemma because they can't afford organic foods and think of them as

unnecessary luxury. As Gloria, who buys her produce exclusively at dollar stores due to low prices, states, “A strawberry is a strawberry. And you won’t find organic fruit at dollar store.”

Those participants who noted that they cannot afford to buy organic foods even though they would like to because they believe them to be a healthier option than conventional foods, also stated that there are other ways to eat a healthy diet while staying within their the budget. As Beth shared,

You have to find a balance – you have to say, okay, I want to eat healthy. But we can’t afford organic, not that I necessarily believe that organic is the only way to go. But we can’t really afford the natural food section. But I feel like there are still healthy options that I can choose from the rest of the grocery store that I can buy on sale and I can make things from scratch because I am usually a stay at home mom – I work only a little bit.

Another participant, Jamie, has a different approach to buying organic foods—she buys them online because they are much more affordable that way:

Organic options are much cheaper to find online. I know that from this particular company, you can buy oatmeal and beans. And I even bought apples. I bought 50 pounds of apples to make apple sauce; they are only 50 cents a pound. You can’t really buy regular apples 50 cents a pound and these are organic. If you buy over \$50, the shipping is free. But if I were to change my habit and stop buying organic, I would purchase things that were not organic yet still healthy, like fresh

fruit and vegetables, as opposed to buying things that were, for example, processed and organic.

For a number of participants, their preference for buying organic and whole foods whenever possible was intertwined with their perception that meals prepared at home and from scratch are far better than ready-made meals and meals from a box or a can.

Straight from Mama's kitchen: The best, healthiest meals are made at home

Most participants in the study hold the belief that it is healthier and more affordable to prepare meals at home, especially if you are preparing food from scratch or cooking everything yourself using the basic ingredients. Preparing meals from scratch was also seen as a source of pride for most women in the study, who felt that they were serving a superior meal to their family members, both in terms of health, nutritional value, and taste, if they took the time to prepare it themselves from fresh ingredients and without the aid of ready-made foods. Moreover, making meals from scratch made a number of women in the study feel more accomplished as mothers and more in control of their children's health. As Brittany shares, "I get sense of control when I make things from scratch and it makes me feel more relaxed and confident about the kind of nutrition I provide for my family. I think it's because I know exactly what they're getting and I think it makes me feel like I'm doing my part as a mom, like I'm making sure that they're having healthy foods."

However, many participants felt frustrated that, while they want to prepare meals from scratch because they perceive them as both healthier and tastier, they simply do not have the time necessary for prepping and cooking. As Maggie states:

I feel a little frustrated because it takes hours to make bread; it takes hours to make a stew. And I know that if I make my beef stew from scratch, it's going to be ten times better, it's going to taste better, it's going to be healthier, it'll have more nutrients, but you know what, it takes six hours. I would rather put my time into my family. I'd rather spend that six hours playing with my son, teaching my child how to read, going to the park, instead of spending the whole time in the kitchen ignoring my children. And if I can buy flash frozen vegetables at the store, and grab the beef, and ready-made broth, and just pour it all into my crock pot, and let it go for two hours and it's done, I'm going to do that. But it's still frustrating.

However, other participants felt proud that they can prepare meals that are, in their opinion, both healthier, tastier, and more affordable than store-bought meals. As Brittany shares,

I've been married five years, and I think my cooking's come a long way. I have more time now. Before, when we were first married, I was in school still. I mean, now, I have two kids so I don't know that I actually have more time, but I'm home more. I really just like cooking from scratch. It's a source of satisfaction for me, like, look, I made this. I have ways to be creative, I guess. And it makes

me feel proud of myself. I don't have to open a can of Campbell Soup. I can make tomato soup from scratch [Figure 14].



Figure 14. Who needs canned tomato soup when you can make your own? (Brittany)

Other participants share Brittany's perception of food preparation being a source of pride and creativity for them. They also believe that anyone can do it, no matter what their budget or level of cooking skill. Similarly, Cara, for example, is a firm believer that healthy options can be affordable and are available to everyone as long as one is willing to invest some time and effort into preparing meals from scratch:

I would say, honestly, no matter what you may think, there's always a healthy way to eat. No matter your financial restrictions – I mean, we've been poor, starving students ever since we had kids. We can't buy organic because it's way more expensive than everything else. That's stuff that's not in my budget. I can't

afford that. But that doesn't mean that I can't still feed my family nutritiously. There are always ways to find healthy food. You'll always spend more money buying a meal that is pre-prepared, pre-packaged, pre-processed for you, than you will if you just buy the scratch ingredients and then give it some time. So often we let our need to do things fast take over our need to do things right. And that's something that I think really shows in the way that we feed ourselves.



Figure 15. Healthy, tasty, and cheap home-cooked meal (Grace)

Cara's perception that preparing meals from scratch is the best way to maintain a healthy diet was echoed by as many as 19 other participants who discussed the benefits of preparing home-cooked meals from scratch (Figure 15) rather than eating out or buying ready-made foods or pre-prepared meals. As Selena states, it's actually a lot more convenient for her to prepare meals at home than to go out to eat:

I love making homemade tortilla soup [Figure 16]. I cook my chicken for about an hour and then put in the vegetables; it takes about 20 or 30 more minutes. That's all together an hour and 30 minutes. I make a lot of stuff from scratch. I rarely go out to eat unless it's a special occasion. I prefer to actually cook for some reason. It's just more convenient for me. And I don't have to dress up to go anywhere. Some people prefer to go out, but I just prefer to cook, and it's cheaper that way. And if you're a good cook, it tastes so much better.



Figure 16. Homemade tortilla soup (Selena)

One of the most popular made-from-scratch recipes among the study participants, mentioned by eight mothers in the study, was the *green smoothie*, which several participants used to illustrate their idea of healthy nutrition. Most of them got the recipe from a BCS-based mother that several participants know personally and who enjoys

preparing healthy recipes from scratch and sharing them with her friends. I was not able to recruit her to participate in the study because of her extremely busy schedule, but Amanda shared some of her recipes with me, including the recipe for her green smoothie, which calls for 1 banana, 1 handful of baby spinach, 1 handful of frozen berry blend, 2 to 3 peach slices, 2 to 3 mango pieces, orange juice (preferably freshly squeezed), and ground flax seed. The very first green smoothie recipe seems to have originated with Robyn Openshaw, a health coach and the creator of greensmoothiegirl.com. As Brittany explains,

She has a blog and she has a business and she goes and lectures around the country. The original recipe calls for water and fresh spinach, and then I usually put in carrots and then bananas and apples and frozen fruit [Figure 17]. But both my boys like it, and my husband and I will drink it, too. [...] If [my boys] ever start to have problems with it because of the color, I'll just tell them it's monster juice. But when I'm making this, my three-year-old will run in and be like, "I want some, I want some! I want a green smoothie!" so I think we're OK for now.



Figure 17. Green smoothie (Brittany)

As evident in some of the above quotes, most mothers in the study believe that it is cheaper to cook meals from scratch than to buy ready-made meals or pre-prepared foods, or eat at a restaurant. However, most mothers also struggle with time constraints and some do not feel very confident in their cooking skills. Therefore, lack of time for making a homemade meal and lack of cooking skills will often force them to choose ready-made meals over those made from scratch. However, as described by several participants earlier in the chapter, preparing meals from scratch is a point of pride for all participants, who talked about the benefits of homemade meals. Finally, those participants who generally prefer cooking from scratch also spoke about the superior taste of meals made from scratch.

It is important to note that, for many mothers in the study, the idea of healthy eating, and making meals from scratch in particular, was connected to their cultural heritage and other cultural influences.

The culture of food: Cultural influences

A number of participants in the study mentioned their Southern roots and how those shape their attitudes towards food preparation. One aspect of this cultural reference that was frequently discussed in focus group meetings was the perception that making meals from “real ingredients” rather than “a box” is a much healthier as well as tastier way to consume your calories. As Ashley shared:

My whole family is from the South, and if I'm going to make a chocolate cake, I'm going to make it from scratch with really good baker's chocolate, I'm not going to make it from a box so I can taste the plastic bags that it was in. But if I'm going to have a dessert, I'm going to have a dessert, it's going to be good because I don't eat sweets and desserts and candies, and my family doesn't eat them very much either. So it's like, if we're going to do it, we're going to go whole hog, and it's going to be delicious.

This attitude was identified by several participants as a positive influence of culture on eating habits, because it motivates people to eat "real food." Additionally, several participants expressed feelings of pride when it comes to their cultural roots and the ensuing eating habits, even when they're perceived as "less healthy" by cultural outsiders. As Alannah asserts,

In the South, we have our own mentality on what's healthy and what's nutritious. And my best friend is from Pennsylvania. And I'm always calling her my crunchy friend because she's always talking about granola and how good it is for you. About two weeks ago her family came over for dinner. And I made homemade chili and we had Frito pies. She'd never even heard of Frito pies. But she comes in with a big old bag of granola. I was like, "Why did you bring that to our house? Why did you bring it? This is a granola-free house. Now stop it." [Laughter] I always make fun of her, and I do it because I love her. And we always pick on each other. She always tells me that up North people are a lot more health conscious. Even in restaurants, they'll have steamed veggies and

they'll have an artichoke-spinach pizza, with just olive oil. And we'll have chicken fried steak, and gravy, and mashed potatoes for dinner, and when you go to her house, she'll give you these little veggie burger things. [...] It's just a whole other mentality, in fact.

Conversely, other participants have discussed the negative influence that culture and ethnicity, in their opinion, have on food-related habits and choices. As Cara shares,

I almost shot through the roof the other day when I saw my neighbor's little 2 year-old twins running outside the apartment, and they were each drinking a Red Bull. And they had a bag of Cheetos in their hand. She's a Mexican lady, she doesn't speak any English and me *no habla español* so I couldn't say anything to her, but if there hadn't been a language barrier, I definitely would have said something. I mean, there were these two little 2 year-olds, little boy and girl, each with a bag of Cheetos and a Red Bull at dinner time. And I just wanted to cry and scream. And slap someone. I was just like, what are you thinking? And how do you change that? Do you go out and educate the moms, teach them how to cook and how to go shopping? Do you have to do it one person at a time?

It is hard to tell whether the above quote addresses an actual cultural trait or an ethnic prejudice, and several focus group participants disagreed with this particular view. However, as Ashley, who is of Hispanic heritage, stresses, some cultural habits are very hard to change:

One example of a negative cultural influence is my parents – my dad and my stepmom. They are so against having skinny kids or being skinny. They think

you are unhealthy; something is wrong with you; you're sick. You need help if you're not overweight. They look at my kids and they're like, "Oh, your babies are starving." And as soon as I get to their house, they're already cooking. There's a four-course meal on the table. To feed my "starving" babies. [...] I came from the Valley, and it's a cultural thing. My husband's family, they fuss because they think that I'm making my kids suffer because I'm making them eat salads. [...] And we never, ever, ever ate salads growing up because we just thought "that's not what we eat, what Mexican people eat." Mama specifically told me, "That's what white people eat."

Additionally, while some participants recognized negative cultural influences affecting their eating habits, several others discussed the benefits of adhering to a traditional diet rich in fresh, whole foods (Figure 18). As Selena asserts,

Most traditional Mexican foods are definitely healthier than American fast food. And you can use the traditional recipes that are already pretty healthy and then apply your nutritional knowledge that you got and make them even healthier. I cook for my boyfriend and daughter a lot, and they don't know what I put in it and don't care as long as it tastes good.



Figure 18. A traditional meal made healthy (Ashley)

Similarly, Tanya believes that her cultural heritage has provided her with a great basis for eating and cooking healthy meals, so she can resist some of the temptations of unhealthy, prepackaged options:

My family, they're from the islands, and we have a lot of vegetables in our diet. Like okra, yams, sweet potatoes, but also a lot of fish for the protein. And lots of fresh fruit. That's how I eat and that's what I feed my kids because that's how my mom eats, that's what my dad eats, and that's how they cook for me. And that's how my husband eats too, because he's from Antigua. So, when we get together with food, we always serve really healthy options. We just go a lot to the seafood market.

As evident in the above examples, most participants talked about ethnicity and cultural heritage as important sources of cultural influence when it comes to food.

However, as Anna states, there are other cultural aspects that affect mothers and their

decisions about food procurement and preparation in addition to the ethnocultural influences:

An interesting thing about culture is that you can interpret it in a lot of different ways. You can be a part of the scientifically-minded culture, for example, or we can even look at the idea of being healthy as a culture. I think there is kind of a trend in America these days—especially among people who aren't struggling to get by, people who are affluent—to be very healthy and to eat right. For example, look at the organic movement: you got to be healthy, you got to be fit. We got to feed our kids well. We got to make sure that they're the best in the class. There's that kind of trend in the U.S., this culture of healthy living, and I know I am definitely influenced by that kind of culture. Like, "Oh, I have to make sure that my daughter has the best food possible." And we can afford to have that kind of mindset because we're well off enough that we don't have to worry about scraping by to get some bread on the table. We have enough that we can provide for our children. And we want to do the best we can at that.

While Anna recognizes that many food-related decisions are based on one's budgetary limitations and are a part of the culture of affluence, several other participants also identified the mainstream culture as a very powerful influence on their perceptions of healthy nutrition. As Betty asserts,

I think that mainstream culture has a big influence on how we eat because there's this really big pull towards eating healthy right now. And I think that even legislative people are going towards eating healthier, implementing better eating

programs. And I think when you see or hear stories about a kid that's three or four that has diabetes, I think that has really influenced us. It has certainly influenced me. And I think that's the influence of mainstream culture.

As evident in the above examples, regardless of their ethnicity and cultural heritage, the majority of participants in the study expressed the belief that the healthiest way to eat is to prepare the food at home, using fresh ingredients rather than pre-prepared foods. Moreover, the idea of meals prepared at home being a certain pathway to a healthy diet was, for most participants, intertwined with the notion of a balanced diet. Additionally, the term "balanced diet" was used as a synonym for a healthy diet by the majority of women in the study. Finally, the perception that we should be eating a variety of foods was emphasized as an essential component of a healthy diet.

Getting the balance right: The importance of providing a balanced diet and a variety of different foods

While fresh fruits and vegetables were identified by all mothers in the study as foods that are generally considered to be healthy, most participants emphasized the significance of a balanced diet and recognized that it is of utmost importance to consume a variety of foods rather than just sticking to one or two food groups only. As Hazel states: "I think that we all know that obviously fruits and vegetables are good and whole grains are good. I think we could always have more fruits and vegetables, but also other foods that are good for you. We can't just drink grapefruit juice for an entire week. That's just not healthy."

Furthermore, many participants expressed the belief that providing a balanced diet is not only pivotal for children's health, but also the mother's responsibility, as evident in the following quote by Cara: "Well, I always think that healthy nutrition is making sure that me and my children, and my husband, because I feed him too, get the right vitamins, nutrients and a good balance of food to keep us healthy. And I usually think about battling my children on vegetables and things like that because they never want any." A similar sentiment was expressed by Brittany: "As a mom, that's kind of my job to balance what they're having and make sure they are eating more healthy and nutritious things than the junk foods."

Several participants note, however, that while they feel responsible for providing balanced meals to their children, their ability to do so relies heavily on their budget. As Amanda shares,

I find sometimes that when I go shopping and try to meet my budget, that my balance is off. I might have found great deals on meat, but then I didn't get produce that day. Or maybe I have stuff in a can or in my freezer that I can pull out, but I don't always have a balanced nutrition and the budget at the same time. And other times maybe I've had balanced nutrition, but then I'm probably over budget.

While the notion of maternal responsibility was particularly pronounced when discussing properly balanced meals, the concept of balanced nutrition itself remained somewhat ambiguous and unclear, as each participant defined it differently to some

degree. However, the majority of participants used the word moderation to explain their idea of a balanced diet. As Andrea affirms,

When I think about balanced nutrition, I think moderation. Moderation is very important. I like ice cream, so I'm not going to live a life without ice cream. And I'm not ready to give up 100 percent of my comfort food. But you don't need to eat it every day, and you can give it to your kids too, maybe once or twice a week. I grew up with that motto in my head, moderation in all things. Sometimes we'll have a big bowl of something really good and then I'll be like: "Portion control...portion control...portion control."

Alannah's definition of a balanced diet echoes Andrea's focus on moderation: "Sometimes, good balance is just about moderation. It's not that these things, in and of themselves, are bad, but they have to be consumed in moderation. If you eat only carbs, that's not going to be good. And if you eat only protein, that's not going to be good either, right?"

Of all the participants, Cara provided the most elaborate definition of the term "balanced nutrition" as a way to describe her perception of a healthy diet. In the following excerpt from our interview she shares her conversation with her son about what constitutes a healthy diet and describes her photo entitled "This is balance" (Figure 19):

We were talking about how we need to eat. He said, "I just want yogurt," and I was like, "You had yogurt this morning, for breakfast. You need something else." And he's like, "Why? Why can't I just have yogurt?" and I'm like, "Well,

because you already had yogurt today. That's not a balanced diet." And he's like, "What's a balanced diet?" And I'm like, "Picture balance for me," and so he was balancing for me. So we talked about having a balanced diet, and moderation, and what it means to keep the amounts of food we eat balanced. And I talked to him about how the First Lady just came out with her Ideal Plate, with the divisions of how much of each food group should be on your plate. I talked to him about the different things we eat and how each one helps our body and how we need to have a little bit of everything to keep our body balanced and to keep our body healthy. So, that's what this picture is. This is balance.



Figure 19. This is balance (Cara)

Furthermore, several mothers in the study describe how they try to supplement their children's meal when they feel they have fallen short of their "balanced nutrition" goals. This is Brittany's strategy for making a typical "kids' meal" more nutritionally balanced:

This is the lunch for [my son], and it is mac and cheese and it has a hotdog too [Figure 20]. So I know it's not the best nutritionally, but I do make it without margarine and do butter instead, and then I reduce the quantity that the recipe calls for and put just a little bit in it. And I always add some broccoli in it. My sister-in-law did that one time, and I really liked it, and oldest will eat it that way and my youngest too. So I feel like it makes it a little bit of a better meal and then we usually add some apples that we cut up for him. So it's more balanced that way.



Figure 20. My son's lunch (Brittany)

It's interesting to note that, in spite of their focus on balance and variety, most mothers in the study didn't feel comfortable with diverting from so-called "meals for children" as identified in American culture, which typically involve grilled cheese or peanut butter and jelly sandwiches, mac and cheese, pizza, chicken nuggets, fried chicken and similar food items. However, those mothers who were more "adventurous" and served "grow-up foods," such as hummus, olives, grilled fish or avocado to their kids have reported a high rate of success and their children seem to be generally more willing to try new foods. As Andrea shares:

I love the fact that my oldest eats hummus and edamame. I think those are good things even if his friends turn their nose up at them. [...] I guess those are kids that just didn't get a chance to try these foods and they are not used to them. [...] We went to visit our friends in Italy the last week of August. It was fantastic. We got there the first night and we had melon and prosciutto and some pasta. It was the best melon I think I've ever eaten in my life. And my oldest loved it! And I think he would never have tried these things if we hadn't been more open with food from an early age. [...] The other night he had a fairly sizable piece of salmon, some tomato basil soup, and a part of a baked potato. And we had raspberries to start with. And I think that's a pretty balanced meal.

The question remains where this perception about only certain foods being appropriate for children comes from and whether we are limiting our children's willingness to try and enjoy new foods by automatically assuming that they wouldn't

like anything beyond the traditional kids' foods. Also, it is one thing to know what constitutes a healthy, balanced and varied meal, and another to ensure that your children are eating the foods you would like them to eat. As Amanda affirms, "The first step is becoming informed about healthy nutrition. And then you need to get them to eat the healthy food. I mean, even when you know exactly what's healthy for them and you provide it for them, it's a whole another struggle actually getting them to eat it."

Mothers' understandings of what constitutes healthy vs. unhealthy nutrition for children are summarized in Table 2.

Table 2. Understandings of healthy vs. unhealthy nutrition

Healthy Diet	Unhealthy Diet
Mostly "good" foods	Mostly "bad" foods
Unprocessed (whole) foods	Highly processed ("junk") foods
Low in calories, rich in nutrients	High in calories, low in nutrients
Low-fat foods	Foods with high fat content
Foods with low sugar content	Foods with high sugar content
Great variety	Little variety
Balanced nutrition	Unbalanced nutrition
Homemade meals	Pre-packaged (store-bought) meals

While this chapter focused on mothers' understandings and definitions of healthy vs. unhealthy childhood nutrition, the next chapter focuses on how mothers become informed about healthy nutrition for children, their approaches to information seeking and receiving, their sources of information, as well as the concerns that stem from the information they receive.

CHAPTER V
INFORMATION SEEKING AND RECEIVING: HOW MOTHERS BECOME
INFORMED ABOUT HEALTHY AND UNHEALTHY CHILDHOOD
NUTRITION

This chapter focuses on the ways in which the mothers in my study seek and receive nutrition-related information. (1) I first provide a broad overview of my participants' information seeking and receiving habits and practices, including how mothers make sense of the information they encounter and receive, and how this information affects their decision-making processes when it comes to buying and preparing food. (2) Next, I address their concerns about unhealthy nutrition and food-related risk, and how those apprehensions motivate information seeking and receiving. (3) Finally, I move on to a discussion of the most common types of sources of information that my participants rely on, such as interpersonal sources, media sources, and institutional sources. Throughout the chapter, I provide examples and photographs that illustrate and support the key points made by the participants.

Furthermore, in this chapter, I propose that communication, both interpersonal and mediated, is an essential component of information-seeking and sense-making process that the mothers in the study engage in as they become informed about (un)healthy childhood nutrition. As demonstrated in this chapter, their information-seeking strategies afford the mothers an opportunity to engage in a form of informal conversation with those providing the information being sought. Additionally, actively

seeking information serves as a sense-making strategy, allowing mothers to carve out individually meaningful ways of using the information to benefit their children and families, and, to a large degree, communication is a crucial component in this process as well.

Appetite for health: How mothers seek and receive information about healthy nutrition for children

Our everyday lives are filled with an explosion of information, partially due to the growing accessibility and convenience of Internet-based information. Individuals are frequently faced with easy, free access to an often perplexing, hard-to-navigate wealth of information (Johnson & Case, 2012). This constitutes an information overload which leads to decentralization of effort, “with increasing responsibility passing to individuals, with their effectiveness determined by their ability to gather, then intelligently act on, health information” (Johnson & Case, 2012, p. 5). As one of the study participants, Jamie, shares, “There’s so much information about nutrition out there and it’s hard to make sense of it all. Some of it is not very reliable, it’s just bad information, and it makes me question many other things.” Other participants also report struggling with the sheer amount of information out there and their own inability to navigate this ever-changing and frequently confusing landscape. In that sense, one of the most daunting tasks for my participants in their struggle to identify best nutritional options for their families is *making sense* of the information available to them.

Most participants in the study describe trying to make sense of the confusing, conflicting information as one of the most frustrating aspects of providing healthy nutrition to their children. As Beth states:

They will tell you, “Don’t eat peanut butter.” And then the next day, they will tell you, “Oh, all athletes are eating peanut butter. It’s the best thing you can put into your body.” Same thing with eggs. It’s quite alarming when you hear this information presented in the news. At some point, you have to either look at the whole picture and deal with it, or not worry about it so much and basically ignore it all. Otherwise, you’ll drive yourself nuts.

As Beth and other participants in the study agree, media coverage of different nutritional issues is what creates most uncertainty by continuously presenting complex, ambiguous, inconsistent, and conflicting information which has the power to affect both perceptions and decision-making processes. A basic premise of communication scholarship addressing issues of uncertainty is that, since uncertainty is an uncomfortable state, each individual’s principal goal is to manage or reduce perceived feelings of uncertainty and increase predictability through the process of communication⁸ (Babrow, 1992; Berger & Calabrese, 1975; Brashers, 2001). However, it is very hard to navigate this state of uncertainty when the nature of the communication itself (in this case, the media messages) continuously changes.

This overwhelming sense of inconsistency and unpredictability is what my participants find exceptionally troubling. As many of them report, the media will

⁸Of course, maintaining uncertainty in certain circumstances can be advantageous (Babrow, 1992; Brashers, 2001).

frequently glorify the health benefits of certain food items, and soon after warn the audiences of risks, dangers, and the negative impact these same food items can have on their health by debunking the original claims. Some examples of foods repeatedly riding this informational rollercoaster include whole milk, coffee, eggs, salt, red meat, chocolate, potatoes, bananas, and numerous other foods many people in the U.S. consume on a daily basis. This whirlwind of conflicting information is problematic on many levels. In fact, while the focus on health risks may be a vital part of health maintenance, it is also frequently unnecessary or simply sensationalist, which is precisely what creates a culture of health anxiety (Franzini, 1993). As a result, these uncertainties can create a climate of risk, distrust, and cynicism, which may lead to further reducing already limited nutritional choices, curb creativity in food preparation, and make individuals even more distrustful of information disseminated through media and other channels. As Grace contends,

I studied exercise science. I had a lot of nutrition classes, and I studied things like chronic disease prevention in school. And I almost feel like what I learned in school, at least in elementary school and high school, was contradictory to what I think now, and all the information that I receive now. For example, if we look at the USDA and the Food Pyramid, I almost feel like we're betrayed in a way. I feel like a lot of [the information] out there is led by legislation or by of the dairy industry. So it's very hard – with nutrition, more than anything else – to know what to believe and who to believe.

Most participants in the study share Grace's and Beth's views of conflicting information causing them a great deal of anxiety rather than helping them make food-related decisions. Moreover, the majority of participants believe that individuals in our society are literally bombarded with huge quantities of confusing, contradictory information on a daily basis, which causes many of them to simply "tune it all out." Additionally, as a number of participants in the study note, this problem is quite abstract and hard to define, which made it very hard and even impossible for them to represent and document it through photographs. As Cara shares,

There's just so much information, it's completely overwhelming, so it ultimately comes down to your own instincts, to how you feel about it all yourself. I think the problem with our society is that we desperately try to consult "the expert," because we believe that's the right thing to do, but in reality, if you pay attention to how you feel about your food, and if you listen to your body and pay attention to how the food you're eating is making you feel, you'll make good choices, I think. And you have to teach your kids how to do that as well, because they just don't know.

Moreover, as many of the participants report, a very important factor in creating this climate of uncertainty, anxiety, and mistrust is the sense of powerlessness and frustration that comes from their inability to rely on food labels, and to trust food companies and the information they are providing to consumers. As Amanda explains, "They try and make junk food sound healthy by putting the words "healthy option" on the box and their whole argument is that, "Oh, it's healthier than donuts." That really bothers me. Don't

label stuff healthy if it's not healthy. If we want to eat a Big Mac, that's fine, but don't tell us it's healthy."

Many participants in the study try to negotiate the conflicting information by following two simple rules: (1) there are no "evil" foods—everything is OK as long it's consumed in moderation, and (2) you need to listen to your body to see how certain foods make you feel to decide what is really good for you. That is also what they are trying to teach their children. As Bonnie explains, moderation can make a difference between being obsessed with nutritional recommendations and teaching your children to live normal lives in addition to making healthy food choices: "I think anything in moderation is just fine, depending on how it affects you or how it may affect others. But I try not to listen to all [the conflicting information] out there and just enjoy it. I guess that's just where it comes down to discerning—knowing your own body and whether something makes you feel good or bad." Bonnie uses the old dilemma of whether we should consume butter or margarine to illustrate her point:

My mom always did margarine; grandma always did butter. Mom came from the farm—I never did understand why she went for margarine. I guess she listened to all that "butter's bad for you" stuff in the media for so many years. And doctors were saying it too. Plus margarine's easily spreadable, it's convenient, it's cheaper. And I still wonder sometimes myself, but I know how I feel after eating butter and after eating margarine. So butter is definitely better in my books. And it's less processed than margarine. You can just taste the difference.

As several participants note, being a mother significantly complicates the already complex process of navigating the jumble of nutrition-related information we are bombarded with each day. Julia explains,

My husband and I joined a program called “True Beginnings” because I was having some health issues, and it’s not like a diet but more of a lifestyle change. [...] It’s a lot of information to process. [...] It makes me feel good knowing all the information that I’ve learned. But it also makes me feel a bit perplexed, how to go about fitting it all into my daily life and how to negotiate all those multiple sources of information—how do I translate it all into trying to feed a child.

While not all participants specifically mentioned motherhood as a complicating factor when negotiating nutritional information, the general consensus among them, however, was that it’s impossible to know which options are truly better than others and that nobody has the right answers when it comes to complex nutritional issues. As many participants in the study noted, this represents a significant shift from the era of their parents (or grandparents), most of whom firmly believed that certain food options were better than others. Most participants also reported that their parents relied on the information provided by the media a great deal more than they themselves do today. A part of this “mistrust” comes directly from the sheer amount of information offered to individuals through various channels. Additionally, the fact that various sources frequently contradict one another makes this sense of mistrust and doubt even greater. As a result, the participants see themselves as much more distrustful, skeptical, and

overall critical than their mothers when it comes to evaluating information about (un)healthy nutrition. As Beth, who is a registered dietitian, comments:

Even as a dietitian, I don't know which one of those options is best. Does anyone know? I mean, it's natural, but that doesn't mean anything. Twenty years from now, maybe I'm going to have cancer because I'm not using agave syrup instead of sugar. I don't know if there's any way to know for sure what's really good for you. You just have to do the best you can.

The notion of food-related risk and uncertainty is a common thread running through most of the conversations that constitute this research study. In the following sections, I discuss mothers' concerns about food-related risk and unhealthy nutrition, and how those apprehensions motivate their information seeking and receiving habits and practices.

Minimizing the risk and maximizing caution

Most of the participants in my study report being proactive when it comes to seeking nutrition and health related information—they are more likely to seek information about healthy nutrition themselves than to wait for such information to be given to them by their medical doctors, school administrators, governmental organizations, or other entities. Many of their information-seeking practices are directly motivated by concerns about unhealthy nutrition and food-related risk. In other words, their need for obtaining information is connected to their perceptions of risk and susceptibility in relation to food and nutrition.

Many participants in the study express not only their concerns regarding food-related risk, but also explicitly and implicitly state that their information seeking and receiving habits and practices are motivated by their awareness and apprehensions of such risks. As reported by my participants, the specific practices they engage in as a consequence of these concerns include (1) doing research about certain food-related health conditions ranging from food allergies and celiac disease to ADHD, autism spectrum disorders, and behavioral problems, as well as (2) preparing certain types of food or avoiding foods that can have a negative impact on the health of their family members.

As Michelle shares, being familiar with the many risks and uncertainties concerning nutrition can sometimes be extremely confusing and overwhelming, but she still believes it is important to be aware of potential risks and actively seek out information in order to make informed decisions:

You are taking a risk every time you buy any kind of processed food. It's a dangerous world out there. And I put a lot of time and effort in educating myself about what I should buy. I know I'm not all-knowing, but I try my hardest to make the best possible decision based on the information I have. Sometimes it all gets too overwhelming, and I know it's hard, but I'll still try to do my best.

For Maureen the most challenging part is making sense of different labels and often deceitful claims made by food companies. While she tries her best to make the best possible choices within her financial means, she finds it very frustrating that she cannot rely on the information provided on the product itself, which is her primary motivation

for seeking out additional information and doing research online. She explains: “There’s a question of what does organic mean? What does the label really mean? I keep doing research online to learn more about those things and I read this article that says, when [the label] says ‘made with organic ingredients,’ what they mean is up to 60% is actually organic but then the rest is not. So they just kind of fool you, which is just awful.”

Similarly, Maggie really struggles to weigh the potential risks and negotiate her feelings of uncertainty when it comes to consuming dairy products, particularly yogurt and milk. For her, as well as for many other mothers in the study, potential risks directly motivate her information seeking habits and practices. Maggie says:

Lately, I’ve been hearing a lot about how bad dairy is for you [...] how it’s just the worst possible thing to eat and there are all these artificial hormones in there. [...] It’s hard to make sense of it all. I don’t believe dairy’s all that bad for you. But at the same time, in the back of my mind, I’m thinking, maybe it is bad for you. There’s just this idea that I’m taking a risk with my kids’ health when I’m making that decision, so there’s this sense of worry at the back of my mind. But it’s not strong enough that I would say no to dairy. So I try to negotiate all these sources of information and sift through all that information and make my own decision.

Alannah’s risk avoidance practices are even more elaborate and pronounced because of her daughter’s severe allergy to dairy and eggs. As she contends, actively seeking information, particularly reading and understanding labels (Figure 21), is of

utmost importance for her and her family as it essentially represents a life-saving strategy:

I read labels all the time. I didn't used to, now I have to. [...] I like that they now put in bold all about allergies. It makes it that much easier to spot, so if I look at something and I turn it around, it's going to pop out at me: this has milk in it. But there's always a risk of some kind of cross-contamination. And it's just a risk we have to take, that's why we check her every ten seconds.



Nutrition Facts	
Serving Size 1/8 package (25g, about 1/2 cup dry mix)	
Calories 120	
Amount Per Serving	
	% Daily Value*
Calories	120
Calories from Fat	40
Total Fat 4.5g	7%
Saturated Fat 0g	0%
Trans Fat 0g	0%
Cholesterol 0 mg	0%
Sodium 470 mg	20%
Total Carbohydrate 20g	7%
Dietary Fiber less than 1g	4%
Sugars 1 g	2%
Protein less than 1g	4%
Vitamin A	0%
Vitamin C	0%
Calcium	4%
Iron	4%

* Percent Daily Values are based on a diet of other people's misdeeds.
† Percent Daily Values are based on a diet of other people's misdeeds.

INGREDIENTS: CORN, STARCH, TAPIOCA, SUGAR, VEGETABLE OIL (CONTAINS ONE OR MORE OF THE FOLLOWING: SUNFLOWER OIL, CANOLA OIL, SAFFLOWER OIL, SEASOY BEAN OIL, YEAST EXTRACT, SUGAR, MALTODEXTRIN, DEXTROSE, SALT, YEAST, POWDER, GARLIC POWDER, DEHYDRATED GARLIC, EXPLODER PRESSURE CANOLA OIL, SPRAY EXTRACTIVE, SILICON DIOXIDE, SUGAR, EGG WHITE, SALT, SUGAR, SUGAR, GLUCONOLACTONE, YEAST, PECTIN, SODIUM BICARBONATE, SODIUM ALGINATE, MODIFIED CELLULOSE, IRON, NICKEL, TRICALCIUM PHOSPHATE, PREDIGESTED HYDROLYZED, THAMINE MONONITRATE, RIBOFLAVIN.

CONTAINS EGGS. MAY CONTAIN SOY.

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Figure 21. Reading labels (Alannah)

However, the above described environmental and food-safety risks (*e.g.*, pesticides, artificial hormones, cross-contamination of foods) are not the only motivating factors that rouse mothers' concerns and stimulate their interest in seeking nutrition-

related information. Many participants in the study report that their concerns about their children's unhealthy eating habits, malnutrition, obesity and overweight, hereditary diseases and genetics, as well as other conditions linked to poor or inadequate nutrition, motivate them to actively seek information on reducing potential risks.

Weighty matters: Bad eating habits, malnutrition, and obesity concerns

Bad eating habits

The most discussed subject pertaining to unhealthy and poor nutrition among the participants in the study is the issue of bad eating habits and restricting or limiting “bad” foods. Noticing bad eating habits in their children also prompts mothers in the study to seek information about healthy nutrition to improve the quality of a child's diet through mother's focused efforts. Indeed, most participants note that “good mothering” involves promoting “healthy eating habits” by obtaining all the necessary information about the right foods and strategies for offering and serving them, thus establishing lasting healthy patterns while children are young. For many mothers, establishing these healthy patterns early in childhood represents an investment in the future. Furthermore, most participants feel that it is their responsibility as mothers to become informed about healthy nutrition and translate this knowledge into concrete forms of action directly affecting the eating habits of their children and families. As Joy explains,

I need to watch [my son] now and establish good habits early. He's year and a half old now, and there are so many things that could be an issue later if he

doesn't learn good habits at home, like dental issues and weight, especially once he's in a setting where he needs to eat right, and he's not going to want it, like college. So I have to think about all those things now, and learn as much as I can by reading about it.

Obesity concerns

Another topic I discussed with my participants was whether they had any concerns about childhood obesity and overweight. Having in mind the severity of the “obesity epidemic” and the attention it receives in the media, the assumption would be that weight gain and obesity would represent the greatest nutrition-related concern for most mothers in the United States. This may, indeed, be true for many mothers in the U.S.; however, as reported by the majority of the participants in this study, concerns about children being picky eaters and not getting enough food variety, as well as malnutrition and low weight, were described as more significant than those pertaining to obesity and overweight.

This is partially due to the notion of risk and whether mothers perceive their children as *being at risk* for childhood obesity or not. For most mothers, the risk of obesity is directly associated with genetic and hereditary factors, such as having close relatives who are overweight or obese, which may lead them to believe that their children may be *predisposed* to obesity. Moreover, this was a bigger concern for those mothers who themselves struggle or have struggled with weight in the past and those whose husbands' have experienced similar issues. For Diana and many other mothers in

the study, their own weight status and obesity concerns directly motivate their information-seeking habits and efforts to improve the quality of their children's diet:

I lost 88 pounds to get to a healthy weight. And I wasn't like 88 pounds overweight my entire life but it's definitely built up over time, from a houseful of pretty poor habits. So I've educated myself over the years on how to eat more healthily and how to prepare healthy meals for my children and family. I have all these books about healthy eating and healthy cooking and that's where I get some of my favorite recipes [Figure 22].



Figure 22. My home library (Diana)

Maureen's story is particularly compelling because of her personal struggle with childhood overweight, which compels her to seek out information about preventing a similar outcome in her son (Figure 23):

I know that me being heavy is a big motivation for me wanting to learn as much as possible about healthy eating and teach my son how to eat well because I've always been heavy. And being picked on in middle school and high school and just feeling like you have no self-worth and that you're just ugly to everybody; that was really traumatic for me. It was hard being the heaviest girl in my class. You just feel ugly. You just feel worthless. [...] That was heartbreaking for me. And now thinking about my kids and them possibly going through all that – that is my biggest motivator for keeping them healthy. And it's hard to teach your kids how to eat healthy when you have a problem yourself. I have all these goals for my son and how I want him to eat and view food. So we'll read books together about healthy foods and I'll try all these healthy recipes I find online. [...] I think a big scary part is you can say all you want to your kids about nutrition but they're going to learn how to eat from watching what you eat.



Figure 23. Healthy eating habits at an early age (Maureen)

Though she is not overweight herself, Joy has similar concerns as Maureen due to instances of obesity and related health issues in her family, which, in the case of her first cousin, had a tragic epilogue:

In my family, we had a tragic experience and it kind of keeps me on my toes about obesity and overweight. My cousin, he'd have been around my age today, but he was 18 and overweight, and he had diabetes, which runs in our family. His sugar got up to 2,000. And he went into a diabetic coma, and he passed. So, that stays in the back of my mind as far as my health and my son's health go. [...] I just make sure that [my son] gets enough vegetables and that he's not eating greasy, fatty foods and stuff like that. And that's something we are learning about in class [in college], healthy nutrition and prevention and stuff, so that information is very helpful to me.

Conversely, Bonnie is not concerned about childhood obesity since nobody in the family has struggled with it, and she feels that she has done a good job establishing good eating habits for her daughters: "I have no concerns about childhood obesity when it comes to my daughters, none whatsoever. I don't think that it's genetic in our family in any way. And also because of the way I've taught them about healthy eating, and the way they eat themselves."

The above examples show that perceptions of risk and susceptibility play an important role in determining whether mothers worry about obesity and overweight in their children and actively seek more information about it. It is also important to note

that most participants in the study equate overweight bodies with unhealthy eating habits and feel that overweight people are not healthy. For example, Betty directly associates healthfulness with not being overweight:

My father has heart problems. And he has diabetes and his whole side of the family is overweight. He's from a farm family with five kids, and they were used to big meals and then working all day. Then he left the farm and moved to the city and wasn't working all the time but was still eating all the time. So his health has always been bad. And I've got an uncle too who has bad health and it has to do with him being overweight. So I do associate poor health with being overweight.

Many participants also note that while they are not personally affected by it, they worry about the childhood obesity epidemic in the US when they see other people's overweight children. Furthermore, many participants feel that mothers of overweight children are not doing enough to improve their children's eating habits and are directly or indirectly responsible for their children's weight status. In that sense, most mothers in the study believe that it is the mother's responsibility to establish good eating habits; purchase, prepare and offer healthy foods to her children; and make sure that children are "eating right." As Cara explains,

Personally, it's not an issue in my life, except from what I see around town. And it's so hard for me to go to the store because sometimes we do buy a lot of crap like everybody does, but it's so hard for me to see an overweight little kid who is this wide [spreads her arms] and then looking at their shopping cart, and seeing

the kinds of stuff his mom is buying. And I'll be like, I wish I could do something to teach that mom. Like tell her maybe, instead of buying Doritos, just get the little popcorn kernels and make them yourself without buying junk for snacks. It's just so hard not to be able to help parents who don't know. But how would you ever have that conversation? You can't.

While Selena is, unlike Cara, personally concerned about childhood obesity, she also feels that mothers are directly responsible for their children's nutritional health and weight status:

I think about childhood obesity all the time. I've been to McDonald's before, but we rarely, rarely go there unless it's like the last choice. But I know that eating in places like that and eating fattening foods will be a bad example for my daughter. So, I try to model good behavior when it comes to nutrition, because that's what I should do as her mother. And doing that makes me feel great, like I'm doing a good job as a mom. And my baby will appreciate it and will have better habits later in life: when she chooses her own food, she will choose the healthier food because she's used to it or familiar with it.

Alannah sheds more light on the situation in which mothers of overweight children frequently find themselves, even when they pay a great deal of attention to obtaining information about healthy nutrition, establishing healthy eating habits, and serving healthy meals to their kids, like she does. She feels that there is a great deal of public scrutiny and criticism when it comes to mothers of obese children and that most

of it comes from other mothers, which is something she struggles with a great deal personally and finds very problematic. As she further states,

A lot of people see the way you raise your kids, and if your kid's obese, then to them that means that you're most likely not eating healthy, or you're not caring enough for them to be worried about their future. So if you are overweight yourself, people will think that you look unhealthy and they will automatically assume that your kids are not as healthy either and that you're not doing a very good job as a mom. That bothers me, because I spend so much time looking for information about healthy nutrition, reading labels, and educating myself, but people don't see that. They only see that my son is overweight. [...] I think there are preconceived notions with fat people. If you're overweight, people are going to automatically think that you're a disgusting slob, that you don't do anything but just sit on your couch, and guzzle junk food in your pie-hole, and that that's how you're teaching your kids to eat. People can be very harsh when it comes to parenthood, especially the way they'll criticize mothers.

Another important factor in determining the level of risk for mothers in this study is their children's current weight status. In other words, if the child is not currently overweight, the mother's perception of risk of overweight is reported as low, and obesity is not identified as a concern. For example, as Maggie explains, "[My son] is really teeny tiny, so I'm not concerned about childhood obesity [Figure 24]. I feel like I don't really need to worry about that. I worry about it in general, for the population. That's so

sad to see so many kids that are obese. But for our kid, he's very skinny, and my husband's extremely skinny as well, so I don't worry about obesity."



Figure 24. Eating snack (Maggie)

Similarly, Robin feels that she can be a bit more laidback when it comes to nutrition and does not need to be concerned about childhood obesity and related health issues because of her kids' fairly low weight. However, she is still careful to establish good eating habits and teach her children to avoid junk food as much as possible:

I feel like I can let a few things slide sometimes because my kids are all on the small side. But even so I'm not going to be like, "OK, let's go to McDonald's, kids." And if we do go to McDonald's, they never get their own order of fries. They always get chicken nuggets and apples and maybe a few fries like a little medium fries split between five people. [...] So I don't have to feel guilty if we end up going to McDonald's once a week. [...] Sometimes I'm more nonchalant

about it than I perhaps should be because I'm like, "Well, they need a little bit of fat in their diet."

Furthermore, few of the participants in the study mentioned social and environmental risks, such as socioeconomic status, television consumption, and inactive lifestyles in the context of childhood obesity and overweight, unless they perceived their child as "already at risk" due to hereditary factors or current weight status. These findings are significant because they indicate that the notions of risk and susceptibility for this group of mothers are pivotal for maintenance of continuous health behaviors such as healthy nutrition and any related prevention efforts. However, it is important to reiterate that, as described in Chapter IV, mothers are certainly not solely motivated by perceptions of risk and susceptibility in their efforts to provide healthy nutrition to their children. Indeed, they also greatly rely on their perceptions of what constitutes "good mothering" in terms of nutrition, which in almost every case includes maintaining a "balanced diet" and promoting lifelong "healthy eating habits" in their children.

Picky eaters and malnutrition concerns

The majority of mothers in the study are apprehensive about their children being picky eaters, which is in many cases connected to their concerns about malnutrition and low weight. Additionally, many of them feel that they are being scrutinized by other mothers, medical professionals, and family members because of their children's low weight. As Maddie explains, "I've gotten many comments when I was pregnant that I'm

too small. And then when my daughter was born everyone was like, ‘Oh, she’s so tiny.’ And I’m like, ‘Well, I feed her, and I can’t force her to eat.’ It’s all very frustrating.”

Cara reports a similar experience with people commenting on her youngest son’s low weight and questioning her mothering skills:

I’ve had a couple of people actually comment on my little boy [...] and say, “You need to put some meat on those bones. What aren’t you feeding him?” [...] And when I hear people say things like that, part of me just sits back and goes like, “You have no idea what you’re talking about. Were you there the last time I fed my baby? No, you weren’t. So you don’t know what my baby is eating.” And part of me goes, you know what, they are good intentioned. They’re concerned about my child’s health, they don’t know that he’s eating well, for all they know, I could be sticking him in a closet when I get home. [...] So I usually have two minds about it because part of me goes, I know they’re good intentioned, I know they’re not just saying this to hurt my feelings. But the other part of me goes, “Do I look like a bad mom to you? I mean, do I really? Do I look like I would neglect my children? Do my other two children standing right next to me look unhealthy?” [...] And I really do think about my children’s health and nutrition, and read everything I can get my hands on to get more information about all the new trends. So yes, it hurts my feelings and it’s very frustrating to hear comments like that.

Diana’s son is also considered underweight according to charts and she and her husband are a bit concerned about that and are making a concentrated effort to introduce

more caloric foods into his diet. As Diana explains, “In this photo [Figure 25], he has a cookie in his hand, and on his plate is a quesadilla. And he’s [...] drinking chocolate milk which we were very excited about once he started to drink it, just so we could try to get more calories and more meat on him. But he’s still skinny. So, we’re just like, whatever we do he’s just gonna be a skinny guy.”



Figure 25. My skinny guy (Diana)

For many mothers in the study, their children being picky eaters is a source of great stress and anxiety because they feel that they are not getting all the necessary nutrients. As Robin explains,

Even if you do your research and you know what’s healthy for [your children] and you provide it for them, it’s a whole another struggle actually getting them to eat it. [...] Growing up, all of my siblings and me were really picky eaters. And we’re still picky eaters. [...] I don’t want my kids to be like that at all. I’m sorry,

but I'm not going to put up with that. And just trying to figure out how to get them to eat the food is a struggle in itself and can be extremely frustrating.

A part of the concern described by mothers in the study comes from the information they are receiving from medical professionals, other mothers, and media materials focusing on the importance of a varied diet rich in nutrients. As Hazel shares, Every book and every doctor out there harps on how important it is for a young child to get a varied diet and all his vitamins and minerals and whatnots. And I am really concerned because my son is really picky, he hates pretty much anything that's healthy for him, like fruits and vegetables, and I'm like, "You're not even going to try them?" The fact that he doesn't eat fruits and vegetables really makes me worry. Everybody knows that fruits and vegetables are healthy for you. [...] But he's extremely picky and he's really stubborn and so that's been very difficult [Figure 26].



Figure 26. Stubborn lunch (Hazel)

Cara has similar issues with her 4-year-old son:

My biggest stress in life right now is that my 4-year-old eats only like three things, and he won't even try anything else. He's like that with fruit, vegetables, potatoes, everything. Yesterday we went to a birthday party, and I'm like, "It's a corndog!" but he wouldn't even try it, nothing. [...] My oldest used to throw tantrums to the point that he would just lose everything in his stomach and then he would feel awful, and I would feel awful. [...] So [my pediatrician] said, "If it's that big of a battle, just give him a multivitamin [Figure 27] until the battles go down a little bit." So that's what I did.



Figure 27. Multivitamins to the rescue (Cara)

Correspondingly, Michelle's photograph (Figure 28) serves as a great visual depiction of some of the challenges that mothers of picky eaters face on a daily basis. As Michelle explains, "This is my son under the table. Actually, this is him hiding from the plate of food that I have placed at the table [laughter]."



Figure 28. Hiding from food (Michelle)

While persuading a picky eater to expand his or her food repertoire can be a very trying job indeed, Beth manages to still be hopeful about it (Figure 29):

Dealing with my little picky eater makes me feel frustrated, yes, but also hopeful that she'll eventually start eating her vegetables. As a dietician and a mother who feels so strongly about nutrition, to see your child turning her nose up time after time after time on vegetables can be really frustrating. [...] But at the same time, after reading several really helpful books about nutrition and picky eaters, I believe that that her time will

come and she'll do it. It makes me feel hopeful that she'll get there eventually.

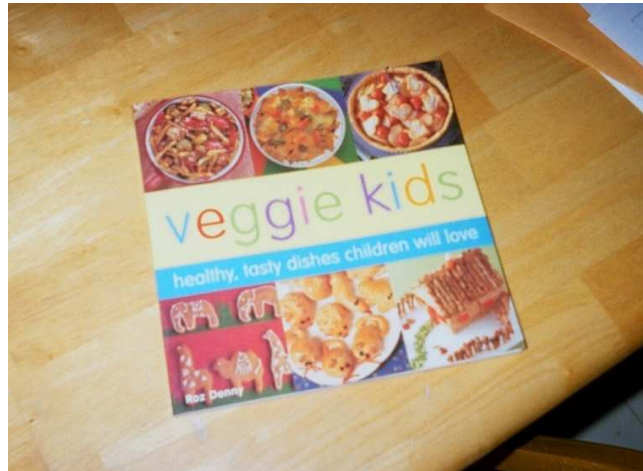


Figure 29. Feeling hopeful about veggies (Beth)

Additional nutritional concerns

In addition to the above discussed issues, several mothers in the study have talked about how their information seeking behaviors are motivated by concerns pertaining to autism spectrum disorders, ADHD, bipolar disorder, hyperactivity, OCD, and other behavioral problems. For most participants, these concerns are amplified by the lack of conclusive information about what causes these disorders and a general sense of uncertainty and fear associated with them. Furthermore, the very idea that the food that children consume can contribute to development of these disorders is terrifying for mothers in the study who spoke about them. Additionally, the perception that *every* child is at risk and can become affected simply due to their diet increases the uncertainty

associated with these conditions, and in turn, intensifies the sense of fear and foreboding in mothers. Beth shares these concerns in the following quote:

I've been talking to a friend about behavioral disorders in children and whether they can be caused by diet and she asked if I knew of any research that was recently done about food dyes and the effect that they have on issues like ADHD or bipolar disorder. And I haven't read studies about it, per se, but I have heard about studies being done. And so, I did a little bit of digging. Apparently, there are a lot of studies that associate food dyes with both of those disorders, plus autism. [...] And that really freaked me out.

These issues are even more disconcerting for Andrea because her son is experiencing behavioral problems, and she and her husband have not been able to identify the cause or a solution yet. As Andrea explains,

We've had some major behavior issues. I've talked to a lot of people who say sugar intake and food can make a real difference for some kids. And also food dyes and artificial dyes and stuff like that. [...] We started reading the book called *The Highly Sensitive Child*. And we think [our son] is just ultra-sensitive to externalities. So I don't know exactly how we're going to handle that moving forward. But my husband and I have talked about the food and how we may need to make some radical changes and get rid of starches and stuff like that. There's not really anyone I'm aware of in this community that focuses on such issues in kids. I just don't know what it is and what to do about it, and that makes me scared.

Tamara is experiencing similar issues with one of her sons, who was diagnosed with mild Asperger's Syndrome. This has prompted her to actively seek information in order to provide optimal nutrition for her son and try to alleviate some of his symptoms:

I have spoken with several doctors and I have done a lot of research online for [my son] in specific. And they say to remove gluten and casein, and casein can be found in milk and dairy products, so the recommendation is to remove all milk products from his diet. And also avoid anything with artificial dyes in it, especially the red dye 40, because they've found that it may be causing hyperactivity. So, I've done a lot of research on that. I'll mostly read library books, but also my minor in school was Health Development, so I already have a lot of books and articles at home. Also, I really pay attention to labels when I'm shopping to make sure I'm getting risk-free stuff and not buying anything that could aggravate his symptoms [Figure 30].



Figure 30. Shopping for risk-free foods (Tamara)

Other participants have also expressed concerns about the possibility of certain foods causing behavioral issues, especially hyperactivity.

In summary, most mothers in the study voice concern, distrust, and even fear when contemplating food-related risks and health conditions. Additionally, most participants use active information seeking as a communication and sense-making strategy which helps them alleviate at least some of those concerns and fears, and gives them a sense of control over a fundamentally uncertain situation.

The following figure (Figure 31) visually depicts how mothers become informed about (un)healthy nutrition for children and how each of the concerns mothers identify motivates their information seeking and receiving habits and practices. Furthermore, the graph shows how information receiving and seeking processes, in turn, help mothers make sense of conflicting information, reduce risk and maximize caution, and promote healthy eating habits in their children.

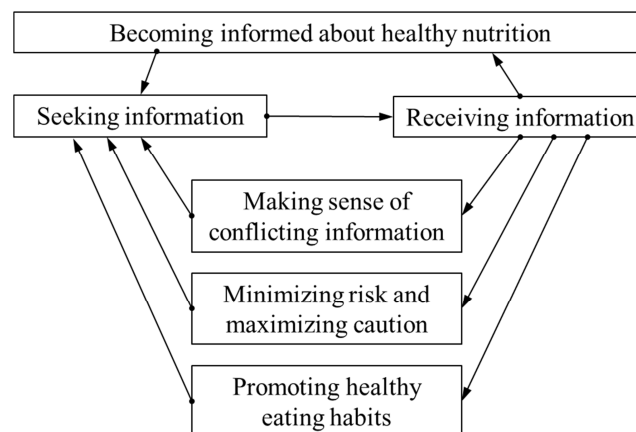


Figure 31. How mothers become informed about healthy nutrition

In the next section I discuss the most common types of informational sources that my participants rely on, such as interpersonal sources, media sources, and institutional sources.

Food insight and where to get it: Sources of information about nutrition

Through my data analysis of focus group meetings and in-depth interviews with study participants, I identified the following three types of sources that mothers rely on for information about food and nutrition (Figure 32):

1. *Interpersonal sources of information:* These sources include immediate and extended family members; relational partners; friends sharing information both in person as well as through Facebook, blogs, and other social media; other moms in the community and members of mom groups that participants belong to (*e.g.*, Weight Watchers and La Leche League); and members of the medical community, such as pediatricians, family doctors, nurses, lactation consultants, and nutritional specialists.
2. *Media sources of information:* These sources include books; parenting, health, and other magazines; scientific studies; television programs; Internet sources, especially blogs; and celebrity influence through different forms of media.
3. *Institutional sources:* These sources include schools and educational institutions; religious institutions, government (primarily through sources such as MyPlate⁹ and the

⁹ MyPlate is the federal government's food icon which illustrates the five food groups using a familiar mealtime visual, a place setting. It is meant to serve as a visual reminder to help individuals make healthier food choices. MyPlate was officially introduced in June 2011, when it replaced MyPyramid, an update on the earlier Food Pyramid food guidance system (<http://www.choosemyplate.gov>, 2014).

Food Pyramid), and special federal assistance and supplemental nutrition programs such as WIC.

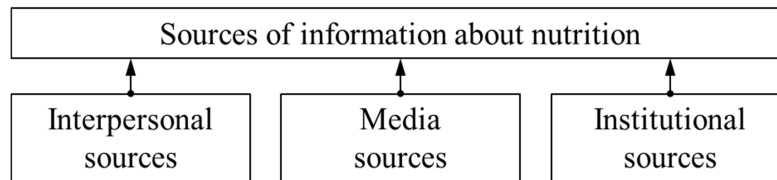


Figure 32. Sources of information about nutrition

Finally, it is important to note that, in addition to actively seeking (as well as passively receiving) information from the three types of sources listed above, mothers in my study also engage in sharing information and providing information to others in their respective families, personal networks, and communities, both face-to-face and electronically, through blog and Facebook posts, in phone conversations, as well as through text messages.

Interpersonal sources of information

Family

For most of my participants, interpersonal sources of information qualify as those most frequently utilized. Among those, family, especially mothers and sometimes fathers, are most commonly cited as the main sources of information about nutrition. Moreover, most participants identify their mothers as those primarily responsible for

food procurement and preparation in their families of origin, and only a few of them make any reference to their fathers cooking meals or being involved in food preparation in any way beyond the occasional barbecue or a special occasion meal. However, it is important to note that the majority of participants in my study identify the influence of their families as the main sources of their misconceptions about healthy eating and bad eating habits. Additionally, their mothers, and less frequently fathers, are recognized as direct sources of these mistaken beliefs and problematic dietary practices.

There are, of course, positive examples as well, where participants acknowledge their parents as sources of valuable information and positive, lifelong eating habits; however, such examples were significantly fewer. This perception of parents, especially mothers, as sources of erroneous food-related beliefs and practices partially accounts for my participants' sense of responsibility when it comes to providing the healthiest possible nutrition to their own children, and could even be interpreted as a form of atoning for the "sins" of the mothers (and an occasional father).

As Betty shares, a lot of her bad eating habits, which she is trying to overcome by using a completely different approach to food and eating with her own children, come from her own family:

I essentially get all of my information about nutrition from trying to be different than my parents. My dad suffers with heart disease. I heard all these family stories and I know his mom definitely didn't feed them right and he has struggled with that all his life. So I made sure to be different with my own kids. We almost do the opposite of what my parents did. My parents weren't as bad as my

husband's parents, but my mom made way too much food. We had a garden and so we had squash and corn and all kinds of really fresh food, which was great. But it was the quantity of it. So I had to learn not to cook so much food. [...] My mom had this approach where everything that we did growing up was over and about food. We were the family that sat down at the table to eat together and there was this emotional value attached to food. And there still is. I had to learn to overcome all that with my kids. And that was really hard for me.

What Betty and several other participants find particularly troubling about these “inherited” attitudes towards food and eating is the emotional component, or attachment to food. As Brittany describes, “Every childhood memory that I have about my family is connected to food, tied to food in some way. And that's really sad. Food equals emotions in a way. And so I don't know. I don't feel that I had balanced nutrition and everything, you know.”

Moreover, several participants spoke about their parents insisting that they clean their plate as a form of emotional blackmail, and how glad they are they were able to move away from that notion in their own child-rearing practices. As Maureen recalls, “My parents would always say, ‘You need to clean your plate.’ My dad would say, ‘There are starving children’ [laughter].” Selena chimes in:

Oh yeah, I remember my mom used to do that. And then I would say, “Are you going to mail it to them if I don't eat it?” I mean, it doesn't even make sense. But you get this message. So, you clean your plate and it gives you this mindset that you have to keep eating even if you're full. And you ignore the signal that your

body is sending you that you've had enough. So, with my nine-month old, I'm really worried about over-feeding him and not realizing it.

Bonnie's parents had a similar attitude towards food and eating when she was a child: "My experience when I was little is that we had to eat all our food. And I mean all of it. My mother would make me and my brother sit there until we were finished. Sometimes he would just sit at that table for hours. We would even sleep at the table until we ate all that food. It was very traumatic. I've never forced my girls to clean their plates. Ever."

Possibly as a result of these painful and distressing experiences that many of my participants describe, and perhaps also because the times and parenting styles have changed, very few of them discuss wasting food as a problematic issue or even something they worry about. Furthermore, none of them shares any stories about making their children finish everything on their plate, even though quite a few participants express concerns regarding malnutrition. Instead, all mothers in the study report making a conscious effort to create different strategies to motivate their children to eat more or try new foods. Cara shares her story about how she makes a special effort to recognize her children's hunger and fullness cues as a direct consequence of a traumatic experience she had as a child:

I try to pay attention and recognize when [my son's] had enough and is probably getting full. And if he says he's full, okay. And usually, I'll just cover his plate during the evening, in case he tells me he's hungry later. And I'll be, like, "Okay, you told me earlier you were full and couldn't finish your dinner, and so I saved

it for you in case you got hungry later.” I’m really trying to listen when they start telling me that they’re full. [...] I personally remember throwing up because I told my mom I was full. I couldn’t eat any more lasagna, and she told me, “No, you will clean your plate.” That was the rule. And so, she made me sit there and keep putting bites in my mouth until I eventually threw up on the kitchen table because I could not shove any more food in. [...] And so, I try to listen. When they tell me their tummy is full, I’m like, “Okay, it’s their stomach.”

Several participants describe how some of the problematic habits, modeled behaviors, or misconceptions about nutrition, which they picked up from their mothers, affected them negatively once they started their own families, and how hard it was to break those habits and change their perceptions. As Jamie shares,

It was really hard for me after I got married to change the way I thought about food from how I grew up. [...] And it took a really long time to change that and a lot of effort, and that’s something I don’t want my kids to have to go through. I’d rather instill in their brains to eat the good stuff, because I don’t want them to have to struggle like I did.

For some participants, misconceptions held by their parents served as valuable life lessons that have profoundly affected the way they think about food, select food items when shopping, and communicate about it with their children. As Brittany explains,

We’re not big juice drinkers. I think of it as filled with empty calories, and it’s quite expensive compared to water, which is basically free. I think we always had juice growing up. Even now, I think my parents’ fridge probably has a couple of

different kinds. My mom thought it was healthy, because it's made of fruit. My youngest sister, when she was a baby, she'd go to bed with a bottle of juice and so it rotted her front two teeth when she was like two or three year old, and she had to have implants put in. I would never do that to my kids. [...] I mean, I like juice in moderation. But it's not really made of fruit, and it's not really healthy because it's full of sugar and stuff. I just think, I'd rather my children eat their calories than drink them.

Furthermore, many participants discuss their parents', and particularly their mothers', lack of nutritional knowledge and identified it as the main culprit for their own substandard nutrition and poor eating habits growing up. As Alannah describes,

I realize now that my mom didn't have a clue what she was doing. She got on food stamps—government food stamps, and she would get a cart and say, get whatever you want. So, we went and got all these foods that are made in microwave. We would get everything that's convenient. We didn't know how to cook, you know. And so, we grew up eating whatever we wanted, drinking whatever we wanted, doing whatever we wanted and whenever we wanted to, and she never questioned us as long as the money was there.

Other participants do not find their parents' lack of knowledge as problematic as their unwillingness or inability to provide answers and/or actively teach their children and communicate with them about healthy nutrition and food preparation. For example, Cathleen makes a connection between her almost obsessive interest in nutrition,

including her desire to learn more about instilling healthy eating habits in her children, and the lack of information she received from her own mother growing up:

My mom is a great mom, but she would always tell us, “Don’t eat this, don’t eat that,” and would never say why. You know, OK, but why? She would just say, “We don’t do sweets.” She never had sodas around the house, and we never had sweets, except very occasionally, but she would just never say why. And I just starve for that, you know, I’ve been a nutrition reading junkie my entire adult life, and I think it’s all connected.

Similarly, Amanda acknowledges the positive influence her parents had on her perceptions of what constitutes a healthy diet, but she feels that their communication strategies left something to be desired:

My parents, especially my mom, were pretty influential in that sense. And the way we are eating now, a diet rich in fresh fruit and vegetables and barely any meat, so essentially a vegetarian diet, is exactly how they taught us. We ate stuff from the garden all the time. And so they tried to get us to eat healthy, but they just didn’t approach it the way I think was the best. I mean the way they communicated about it, the emotional and psychological part of it, like forcing us to eat all our food for example. And I am approaching it in a completely different way with my children.

Bonnie had a very similar experience with her mother who was trying to prepare healthy meals within her means but never really communicated with her two children about the benefits of a healthy diet:

Mom, she didn't really talk a lot about healthy foods or anything like that. She never told us stuff like, "Eat your vegetables because they're good for you." She did think certain foods were healthier than others [...] [and] she did what she could to give us what she thought was good for us, but she never talked to us about it.

In the same sense, all participants in the study emphasize the importance of communication and making an effort to explain to as well as show children why certain foods are healthier than others.

A few participants feel that their original families taught them a great deal about healthy nutrition but at the same time focused too much on issues pertaining to body image. These references to body image were woven into conversations about food, which participants now find problematic on many levels. For example, Andrea feels that some of her body insecurities today stem directly from the importance her parents placed on body image, rather than nutritional value, when communicating about food:

I feel like in my family, as I was growing up, it was very important to focus primarily on body image when thinking about food. There was just a lot of pressure surrounding discussions about food and what you're eating, particularly from my mother. And I wish we would have stepped back and thought about the nutrition behind it instead of what you look like. And kind of associating your self-worth with food and body image, you. I found that very problematic even then and it's still affecting me negatively today.

Several participants feel that while their parents were fairly well-informed about healthy nutrition and knew how to distinguish between healthy and unhealthy options, they were unable to overcome societal and cultural pressures and systemic barriers that existed at the time in order to provide their children with a varied, healthy diet. As Alannah shares,

I'm hoping that my girls don't struggle [with weight] like I did. But if they do, at least now, I can tell them: here, this is what you need to do. And I can offer them the healthier choices. When people my age had problems with weight growing up, we didn't really have any options – everybody just ate beans and rice. So, it wasn't that my parents didn't know what was healthy, but it was just that those were the foods that were available and affordable, and everybody ate them. [...] Now there's so much more information out there, and so many more healthy options than there were 30 years ago, you know.

While most participants talked about their mothers as individuals who influenced them the most in terms of their eating habits, both good and bad, Kay spoke about the negative influence her father had on her attitude towards food:

Growing up my mom always ate pretty healthily, but my dad did not. My dad was sort of like a meat, potato, bread person, and the only vegetable he ate was corn and maybe fried okra. And, you know, I ended up eating more like him. I really feel like if both of my parents had started eating the same food, we children would have eaten better and formed better habits. But because it wasn't the example of both parents, it didn't turn out that way.

On the other hand, several participants spoke about the positive influence the members of their original families had and continue to have on them by providing relevant and valuable information about healthy nutrition to them. For instance, Grace credits her father for instilling good eating habits in her and her sister:

My daddy was the one that was always preparing the healthy meals and walking and exercising, and my mom didn't. She was the one that always gave us sugary cereal all the time. Daddy, after working all week at the bank, would come home on the weekends and make us a beautiful breakfast, pancakes or whatever. Some nights, he'd make Swiss steak. Oh, man, it was awesome. And my sister and I took after his eating habits and his exercising habits.

Correspondingly, Robin feels that her family, especially her maternal grandmother as well as her mother had taught her a great deal about healthy nutrition, helped her hone her cooking skills, and, ultimately, inspired her to prepare healthier meals for her children and husband. She also feels that the family book of recipes she received from her grandmother serves as an important part of the family history and heritage which she will eventually pass on to her children. As Robin describes:

This is my family's cookbook. It says Gertrude, our Grandma Sheldon, and there are many of my family's recipes in there, many of which came from my great-grandmother. This is in a way a tribute to all the women in my family and especially my grandmother, and it includes all my mom's and grandma's recipes and the recipes that the family particularly enjoyed over the years. [...] And most

recipes in here are good, wholesome, healthy stuff that you make from scratch—you know, real food.

In the same vein, Gloria believes that her immediate family has served as a very positive influence on her in terms of nutrition over the years. However, she has found it very difficult to follow in their footsteps herself, but she is trying to use the positive lessons learned from her family to educate her son about healthy eating habits:

[My knowledge about healthy nutrition] all comes from my family. My family is healthier than me—my mother, my father, my sisters are all healthier and more careful about what they eat than I am. I also need to exercise more. [...] I was raised eating low fat dairy and wheat bread, and vegetables on a daily basis. But I stopped doing that, and I became the biggest person in my family [...] My mother always gives me recipes and ideas [...] on how I can prepare healthy meals. And I'm trying to teach my son how to do that.

In that sense, even for those participants whose maternal (as well as paternal) misconceptions about food and eating have affected them negatively, parents played an extremely important role in providing them with information about nutrition, shaping their beliefs about it, and motivating them to seek more accurate or up-to-date information. Moreover, even in the cases of traumatic childhood experiences, or perhaps because of them, it appears that my participants were motivated to establish better, more egalitarian, and more informed communication about nutrition with their own children than what they had with their parents, as discussed in more detail in Chapter VI.

In the next section, I discuss other interpersonal sources of information, in addition to participants' original families.

Other interpersonal sources of information

While participants' original families, especially mothers, were identified as main sources of information about nutrition, other interpersonal sources were mentioned as well. These sources include other moms in the community/mom groups, relational partners, Facebook/social media, educational institutions, and the medical community.

Other moms as interpersonal sources of information

Most participants identified other mothers as important interpersonal sources of nutrition-related information. Participants spoke both about their close friends who are mothers, other moms in the community and mom groups they belong to, as well as those they interact with through Facebook and other social media. Many participants stated that they receive a great deal of useful information from other moms and that this frequently motivates them to seek more information or make changes to the way they shop for food, plan their meals, cook, or communicate with their children and other family members about nutrition.

For most participants, other moms were identified as the most trusted interpersonal source of information, and were described as much more reliable, trustworthy, and helpful than medical doctors and other healthcare professionals. Additionally they were identified as great sources for establishing good eating habits and

improving children's nutrition. As Brittany states, "It helps talking to other moms and asking them simple questions, like what do you feed your kids? You can get a lot of interesting information that way and I think that most of the other moms I associate with have the same ideas about nutrition and they're trying to feed their children healthy too."

Furthermore, even though many participants reported that they don't always agree with other mothers in their social networks when it comes to nutrition for children, these conversations were still described as extremely useful and informative to them. As Cara shares,

I have a couple of friends who are – I would have to say nutrition fanatics, and who read every book that comes out. And one of them, she only buys food from a specific market and is very specific about her [food choices]. [...] And we can talk about what I'm serving my kids that she wouldn't touch with a 10-foot pole [laughter]. But we do influence each other in many positive ways and exchange a lot of information, like recipes and such.

Several participants clearly stated that they value the nutrition-related advice and opinions of other moms in their communities and social networks above the advice coming from family members. As Jamie declares, "I don't think family is the only influence and certainly not the most positive one. [...] I've learned more about nutrition from my local moms that I associate with at church and elsewhere than anyone else."

The most commonly described positive influence that other moms have on the participants in my study is information sharing: sharing healthy, delicious recipes and pointing them to other helpful resources, such as websites, blogs, and books focusing on

childhood nutrition. For Brittany, advice coming from a mom friend resulted in her making her own baby food (Figure 33) instead of using store-bought, which represents a huge shift in the way she now views nutrition and food preparation:

A friend of mine told me about making your own baby food, and how much cheaper and healthier it is than buying it at a store. You bake it or steam it and then you can puree it, and you know exactly what's in there, which is great. So [this friend] directed me to this website, wholesomebabyfood.com. She was making her own baby food and she was finding all this useful info there. [...] It has these lists and charts of foods for 6–8 month olds and 8–10 month olds and so on, like the grains and the seeds and fruits and vegetables they can have, the dairy they can have—and I really like it. [...] So it's a real helpful website. But I probably wouldn't have tried it if my friend didn't talk about it and how great it is.



Figure 33. Enjoying homemade baby food (Brittany)

Additionally, Brittany enjoys sharing information with her friends and family through her own blog that centers on her family and includes many references to nutrition and food preparation. She also enjoys interacting with her friends and acquaintance online, particularly through blogs, and exchanging recipes and tips about nutrition:

I find that the Internet's a good place to get a lot of variety and good recommendations, such as food blogs. People write about it and review it and I find it really, really helpful. And I can trust it, because someone else has made it and they liked it, and have worked out all the quirks with the recipe. And I feel that my friends and the info they post online has really helped me educate myself about nutrition. With the family I grew up, we didn't have a lot of variety and we really didn't eat healthy. I mean, I don't think my mom would ever have made a smoothie with spinach and carrots in it for us. [laughter]

While many participants, like Brittany, feel that other moms are excellent sources of information about healthy nutrition for children, for a number of participants this information comes with a price. In fact, many participants identified other mothers as sources of negative commentary, criticism, and judgment. In fact, several of them admitted that they were initially reluctant to participate in this study, especially the focus group part, because they felt that they would be judged and criticized by other mothers for the way they feed their children and the nutrition-related decisions they make. This dual role that other mothers have, both as sources of valuable information and sources of

scrutiny and criticism, shows how complex and conflicting mothers' feelings and understandings of the role they and other mothers play in children's nutrition truly are. This illustrates not only the tensions that exist between and among mothers, but also those internal pressures and uncertainties that plague individual mothers as they contemplate the often confusing, contested terrain of childhood nutrition and their own role in it.

Relational partners as interpersonal sources of information

In addition to citing other mothers as sources of information about nutrition, several participants mentioned other interpersonal sources of information as well. While many participants reported that they frequently talk to their (male) relational partners about nutrition, only three mentioned their partners as sources of information about healthy nutrition. As Amanda shares,

My husband, he's always reading up on healthy things, so he talked me into trying the barley pearls. He's like, I heard you can cook it up and you can make it into this kind of mashed thing and it's very rich in nutrients. And it's like a dollar a pound. And I'm sure a pound of that would probably feed you for a couple of weeks of breakfast. Because it's just so hearty and I love that it's whole grains, they fill you up a lot faster. So I'm very excited about trying that.

The fact that so few husbands and male partners serve as important interpersonal sources of information for mothers in this study is not particularly surprising having in mind that only one participant mentioned her husband as the one who prepares most

meals in their family. A number of other participants mentioned that their male partners will make an occasional meal, but in all cases but one, mothers are the ones who are taking almost all of the burden of food preparation onto themselves. In that sense, the great majority of the participants have taken on the traditional role of a mother as the person responsible for cooking and preparing food for the entire family.

Social media as interpersonal sources of information about nutrition

Contrary to my expectations, few participants in the study regularly use Facebook or other social media as sources of information about nutrition. Two participants mentioned occasionally trying recipes that their friends shared on Facebook, but most of them emphasized that they do not typically receive and would not actively seek nutrition-related information through social media. Only one participant, Ashley, mentioned that she uses Facebook as a form of social advocacy platform where she actively shares information about healthy nutrition with her family members, friends, colleagues, and acquaintances in order to help them improve their own and their children's eating habits. As Ashley states,

I feel it's my responsibility as a mom to educate myself about [healthy nutrition] and do something about it. I always say, thank God for Facebook—I'm always pressing the issue of eating healthy, and every time one of my friends loses weight or is on a diet or something, I'm always encouraging them and trying to help them. [...] I mean, all these issues about nutrition are constantly around us and I want to share all that useful information with others.

While other mothers in the study do not share Ashley's enthusiasm for Facebook as a platform for nutrition-related activism, many participants reported relying on other Internet-based sources, such as websites and blogs, for information about healthy nutrition. I discuss these types of sources in more detail in the section focusing on media sources of information. In the next section I discuss the role of the medical community in providing information about healthy nutrition to the participants in my study.

Medical community as a nutritional information source

While doing preliminary research for this study I anticipated finding that the medical community plays an important role in providing information about nutrition to mothers. As expected, most participants mentioned the medical community in the context of information seeking and receiving, but very few accounts were positive. More specifically, the mothers in the study have predominantly negative attitudes towards the nature, amount, and quality of information provided by the members of the medical community, such as pediatricians, family doctors, nurses, lactation consultants, and nutritional specialists.

One specific issue was addressed many times both in focus group meetings and in-depth interviews: participants feel that interpersonal encounters with the members of the medical community do not do much to alleviate their feelings of uncertainty and perceptions of risk regarding nutrition, which I discussed in Chapter IV and earlier in this chapter. As Diana remarks, "When we go to a doctor, sometimes they will educate and talk to you, and sometimes they just want you in and out. And sometimes, they don't

know. Because it's hard to know, I guess. Do vitamins work or do they not? But if doctors don't know, who does?"

In fact, for many mothers in the study, their communication with medical doctors and personnel serves to further deepen the already pronounced sense of risk and uncertainty related to food. Michelle echoes the sentiments of many other participants when she states, "One thing I've learned is you cannot decide that something is true just because the doctor says it. Through my interactions with medical doctors I've learned that doctors aren't perfect."

Additionally, most participants share negative experiences with health care providers who either do not provide any nutrition-related information or attempt to persuade the participants to change some of the nutritional practices they believe are very beneficial for their children. A commonly shared story is that of a physician trying to persuade the mother to stop breastfeeding because he/she felt the baby is not gaining enough weight. As Maddie recalls,

Our doctor was worrying us and I told him at [my daughter's] ninth month appointment that she's basically right where I was at her age, weight-wise. And he was like, "Well, that doesn't matter." I'm like, "How can you tell me that doesn't matter?" Then he was telling me I should stop breastfeeding and start getting her on formula to boost weight gain. And then we started arguing. [...] And he told me that my breast milk was like skim milk, and I was like, "I don't think so." But I was very mad and I was crying. [...] I felt it was a criticism

of me as a mother. So, we changed pediatricians, but I still worry about it a little bit.

A very similar story was shared by Betty who is very frustrated with her communication with her new pediatrician:

We have recently moved to College Station and changed pediatricians. And I was so frustrated with our new pediatrician because I'm nursing. And usually babies that are breastfed don't spit up as much, and with my first one, he didn't spit up at all. And I told the new doctor that my second one spits up a lot and I asked if there's something I can do to change it. And she's like, "Well, why don't you put him on formula?" I'm like, "No. That's not going to happen." Because you know, formula causes more spit-ups, and more colic and stuff in babies. So I had to do my own research. [...] And it's helped a lot. But I was really disappointed that my doctor here didn't even consider other options and she wouldn't really listen to me and what I had to say as a mother. All she wanted to do was switch [my baby] to formula.

Betty has enough confidence in her own knowledge and experience as a mother of four to ignore her doctor's suggestions to switch to formula. Also, she feels that the best strategy would be to conduct her own research and find alternative solutions that she cannot discuss with her pediatrician due to the doctor's rigid attitude and lack of listening skills. This is echoed by Jamie, who is even more critical of the medical community than Betty. When asked whether she finds the advice the doctors give her about nutrition helpful, Jamie responds with a firm "No." As Jamie further shares,

Actually, I can't stop thinking that I don't think that's what they went to school for. I think they went to school to be a doctor in whatever field or specialization they've chosen. And I think they got basic nutrition training, they may pick on whatever they have read just like I pick up on whatever I read. But no, I don't think that they are really qualified to give informed advice on nutrition. Plus I find [doctors] a lot more lax than I am about things as a mother.

When asked the question "Do you feel that, as an educated woman who cares about your children's nutrition, you have the agency and all the tools you need to get your own information?" Jamie responds, "Exactly. And if I don't know the information, I know how and where to get it. I know who to ask, and I know where to go. I know how to evaluate studies and data and all that stuff." However, Jamie also acknowledges that many people would not be able to do the same and have to rely on their doctors' advice, which she considers insufficient, superficial, and not particularly helpful.

Another issue identified by several participants is the doctors' attitude towards certain nutrition-related issues, which is described as "deterministic," "fatalistic," "bleak," and "discouraging." As Ashley shares,

When I first began to diet and lose weight and became concerned with the changes that were happening in my body, I remember the doctor telling me, "Oh, well, if your mother has high blood pressure, then you'll have high blood pressure." Like you can't get out of that vicious cycle. Like I'm doomed! [...]
But you *can* change the way you eat, and you *can* reverse certain things and I am not "destined" to have high blood pressure like the doctor said, as long as I'm

eating a certain way and exercising. [...] And that's what I'm teaching my kids too.

For the mothers in my study the above described attitude of some medical professionals is particularly problematic because many of them have family members who struggle with weight and unhealthy eating habits, and they are concerned about the possibility of their children being affected by hereditary conditions as well. Therefore, having an authority figure, such as a family doctor, make a pessimistic declaration of the sort that Ashley describes can be very disheartening and demotivating.

Yet another issue discussed by several participants is the tendency of medical professionals to overmedicate their patients, which goes hand in hand with their focus on treating rather than preventing a health condition. As Amanda recalls,

I do a lot of research and I read research studies, and I told my mother-in-law that some foods actually increase your risk of cancer, and others can strengthen your immune system. And she tells me her doctor didn't tell her things like that. And I said, why would your doctor say anything about diet? He just wants to give you more pills. He didn't tell you to eat healthy, did he? She's like, well no. And I was furious about it, and I said, he doesn't want you to eat healthy, he'd just give you more pills and have you in and out of there so he can see his next patient.

And their whole philosophy is just medication will fix the problem. It's not about prevention. [...] That attitude really upsets me.

Due to this perception of the way some medical professionals approach health and prevention, several mothers in my study are putting a special emphasis on

prevention through healthy nutrition and making sure their children are both eating healthy foods and learning good nutritional habits at home. By doing this, a number of participants believe they are laying a good foundation for future nutritional health of their children.

While most mothers in the study express their dissatisfaction with medical professionals and their approach towards healthy nutrition in general, there were positive accounts as well. As Julia shares,

My husband is in IT and he was working in a medical office for a long time. And it's a medical office that is actually focused more on wellness and preventive care rather than on just fixing things. [...] And I know that's pretty rare.

[laughter] [...] And the doctors there were really big on eating right and telling us what to eat, what not to eat and, you know. It was, and still is, helpful, very helpful for us.

Tanya is another participant who feels that medical professionals serve as a great, reliable source of information about healthy nutrition for children. She specifically mentions the brochures and the information sheets that she was given at the doctor's office (obstetrician-gynecologist or OBGYN) and by a nutritionist who works at her local WIC agency:

I learned about La Leche League from the brochures I was given at my doctor's office. That's how I found out about the essence and importance of breastfeeding [...] and how both [my child and me] could benefit from breastfeeding. And the brochures they give you at the WIC office were helpful too. They tell you about

different healthy foods that you can make, like the lentil tortillas. They tell you different ways to prepare vegetables for kids to eat for their lunch. They even give out brochures that tell you what fruits are best in what season. And it's cheaper to buy in season. So that's why I read them, just so I have more knowledge on that.

However, even though Tanya describes her experience at her doctor's office as very positive, it is important to note that the information was not obtained through direct communication with medical professionals, but rather through brochures and other materials that were made available to the patients by being placed in informational stands in easily accessible areas. Additionally, these informational materials were not specifically addressed or discussed by the doctor or other medical personnel at Tanya's doctor's office. The WIC nutritionist, on the other hand, did provide additional information to complement the brochures and informational leaflets that were handed out to mothers who visited the local agency.

Tanya's positive experience with her doctor is echoed by Beth who is very happy with the information she receives from her pediatrician. As Beth shares,

I've been receiving handouts from the pediatrician's office starting at about two weeks old to [my daughter's] last appointment she had at 15 months. They have a little section on feeding at the top of each one. And even as a dietician, I focus more on ages five and up. So when it comes to pediatric nutrition and feeding really young kids, I feel like I'm just as green as anybody, if not greener than a lot of moms out there. So I've appreciated receiving this information from the

doctor's office and just getting an overview. They're definitely not being very specific. But they say, "At this stage in the baby's life, these are the kinds of foods she should be eating or this is what you should focus on." And it kind of makes me feel good, "Okay, this is what I need to be looking into right now." And I feel like I can trust my doctor's office. Sometimes you get that feeling like, "Umm, do they really know what they are talking about?" But I feel confident in my doctor's office.

As stated earlier, the majority of participants' accounts about their interpersonal interactions with medical doctors and other medical professionals are negative and reveal a chronic lack of trust and confidence in the medical community. However, it is interesting to note that my participants' perceptions of doctors as authority figures providing information on healthy nutrition in media contexts are completely different from their perceptions of the medical professionals they communicate with directly in interpersonal contexts. In fact, medical doctors such as Dr. Oz and Dr. Phil are described by many participants as both more personable than "real-life-doctors," as well as excellent sources of information about nutrition that they can fully rely on. In the following section I discuss media sources of information, and the overwhelmingly positive response the mothers in my study have to the mediated sources of information on nutrition and healthy eating.

Media sources of information

All mothers in the study make references to the media as an important and easily accessible source of information about healthy nutrition for children. Media sources the participants discuss include books; television programs; parenting, health, and other magazines; scientific studies; Internet sources, especially blogs; as well as celebrity influence through different types of media content.

Books are repeatedly identified as the most reliable and favorite sources of information among the study participants and they are second only to family members as most frequently used and relied on source of information. However, while family members (especially mothers) are regularly identified as sources of incorrect, dated, or otherwise problematic information, books are described exclusively as helpful, reliable, and accurate sources of information about nutrition. Many participants mention that the books they rely on are based on extensive research and well-supported data, which makes them feel comfortable with the information provided in them. For example, Beth, who is a dietician by profession, mostly relies on books in her quest for information about healthy nutrition. As Beth shares,

There are a couple of books that I just love [Figure 34]. As a dietician I read books from other dieticians, and I think they're wonderful, especially because they are often research-based. A lot things in them are based on research and lots of experience. That always makes me feel that the information is probably accurate, especially since I don't have that experience yet as a new mom. So, I'm

trying to do some little things to improve my daughter's diet and eating habits, and those books help.

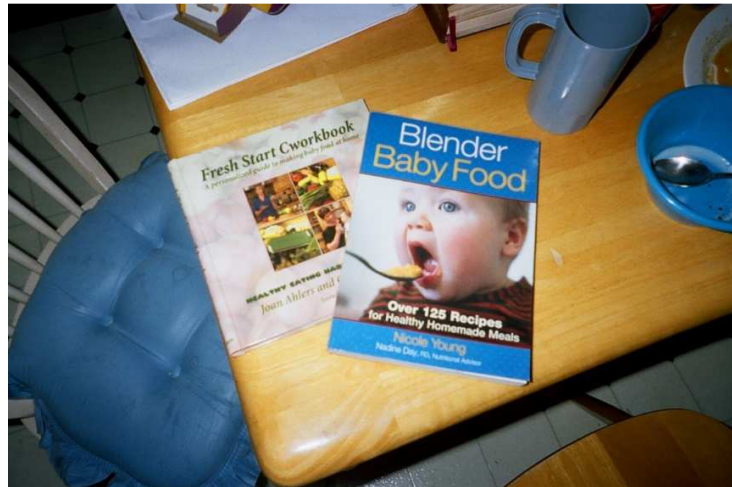


Figure 34. My favorite books on childhood nutrition (Beth)

Similarly, Jamie feels comfortable looking for information in books that rely on scientific research because she believes that they are useful, sound, and reliable sources of information:

I think there are many good books out there. One of the books I read that I got a lot of good information out of was *The Maker's Diet*. I thought the information in there was really solid. I thought this research was done extremely well and we picked up a lot of stuff from there and incorporated that into our lives because it made perfectly good sense. I mean, when you read something and it makes complete sense, you can't argue with it. It just makes sense.

As several participants report, the reliability of information is of extreme importance when it comes to food-related health conditions, such as food allergies. For example, Alannah feels that she can rely on her cookbooks and other books containing allergy-related information (Figure 35) in her quest to provide a varied diet for her daughter who suffers from extreme food allergies, while at the same time fulfilling nutritional needs of the rest of her family. As Alannah explains,

I'll use my cookbooks to plan my meals a month at a time. I'll literally plan three meals a day for the entire month. And it takes a lot of time and effort. And I feel I can rely on [the information I find in books] to make healthy, risk-free meals for my family three times a day. And that's both very important and very helpful for me, being able to get that information from a book and trust that the information is correct.

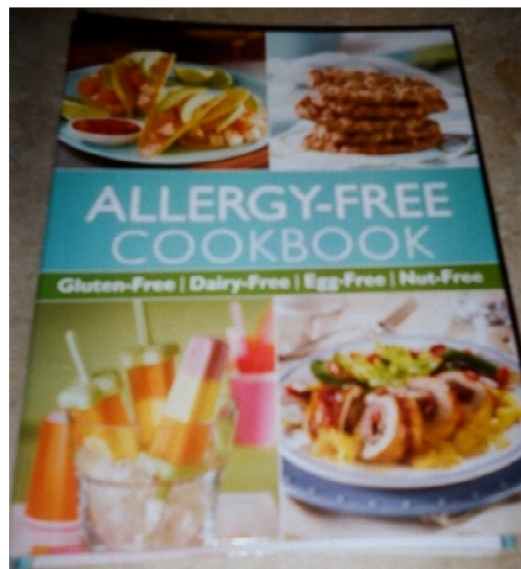


Figure 35. Allergy-free cookbook (Alannah)

Additionally, many mothers in the study feel that books about healthy nutrition for children, including cookbooks, are a great source of information because they offer a number of different strategies for improving children's eating habits as well as parents' approach to providing the best possible nutrition. Beth illustrates this in the following statement:

I'm sure you've heard of this one, *Secrets of Feeding a Healthy Family*. It's written by Ellyn Satter. She is a dietician and also a child psychologist. And she has this thing called "the feeding relationship" which is where the mother or the parent is in charge of what's available to eat, when to eat, and where to eat. And the child is in charge of how much they're going to eat of what's being offered and whether to eat. And I love it because she says, "Go ahead and offer the junk food stuff on occasion." You know, have it available as a part of what's on the table, but always introduce familiar foods and less familiar foods and always allow them to choose. They have to feel empowered like that. And I was really surprised because it's almost a counter-intuitive thing, "Oh, so let them eat cookies?" And she says, "Well, yes. Just make sure that you're not offering it every single meal all day long." But you don't want it to be forbidden. [...] And I just love [...] the idea of allowing children to be empowered and not placing so many restrictions on them but, at the same time, introducing a balanced diet. That's brilliant.

Another important characteristic of reliable sources of information such as research-based books about nutrition, according to several participants, is the lack of an ulterior motive, a secret purpose, or a hidden agenda. In other words, the information seems both unbiased and trustworthy, and therefore more valuable. As Maggie shares,

You've probably heard of Michael Pollan? I really like the ideas he promotes in his books—it's all about moderation and sustainability [Figure 36]. You can eat beef, sure, but not all the time. And you should try to eat local foods and eat healthy, and try to stick to foods that your grandma would recognize as actual foods. The food that breaks down and is whole rather than processed. I like that...that balance thing. I feel like it's good information I'm getting. I feel there's no ulterior motive. I mean, sure, he wanted to publish a book, but I really feel like he's not trying to sell me anything, you know.

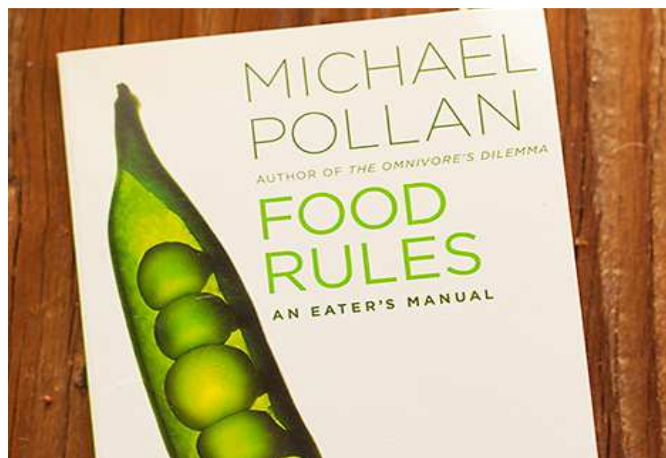


Figure 36. Moderation, balance, and sustainability (Maggie)

As a number of participants note, one of the most important qualities of a good source of information about healthy nutrition is its applicability to their everyday lives and the lives of their friends and family members. With that in mind, most mothers in the study feel that the information found in books about nutrition fits the bill perfectly. As Beth explains,

I absolutely love this book [Figure 37]. [...] As soon as I learned about the concepts that this author talks about, I thought, “I’m going to do that with my family. I’m going to tell other people to do it.” The basic idea is that you don’t ever force feed, you allow the child to take some responsibility and you have to set meal times and have good, healthy foods available. But you don’t dictate, “No, you’re going to eat this” or “You’re going to have your broccoli” or “You’re going to just sit here until you finish your food,” you know. There’s none of that pressure stuff. I really like that. [...] Now, my daughter is only 19 months old, so she can’t talk just yet. There’s only so much I can do to implement this. But I really believe in it and I just felt so strongly about making eating pleasant and not trying to force carrots down her throat.

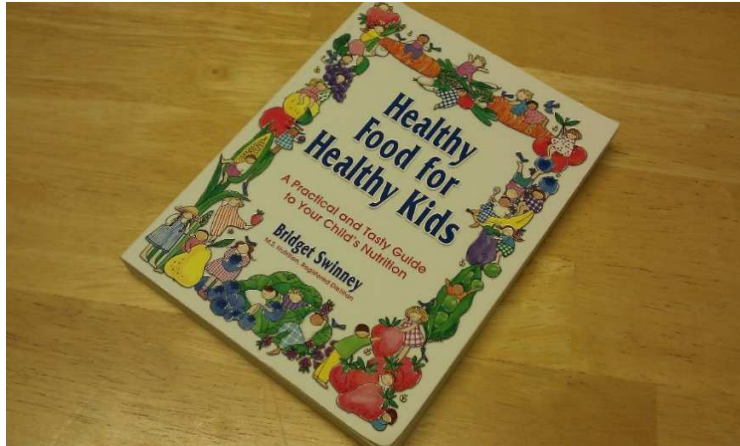


Figure 37. Healthy food for healthy kids (Beth)

Well-supported and unbiased scientific research is characterized by the majority of participants as being of utmost importance. Many mothers in the study report that they actively seek out scientific studies and scientific research-based reports in order to obtain the most current and accurate information about childhood nutrition possible. As Michelle shares,

I really wanted to know more about high fructose corn syrup and what makes it so bad, so I've read lots of studies on that. [...] The same with sodium in the diet. I was like, what's the deal with sodium, you know? And so, I'd read up on those topics – I actually do read a lot of research papers on stuff like that to try to understand what the heck is going on – is that a big deal or is it not a big deal?

Other participants express skepticism when it comes to scientific research and how reliable it is. As Betty states,

I am very cautious when it comes to scientific research. I always want to know where is this information coming from. Who conducted the study, who paid for it? [...] I'm not going to trust the breastfeeding study that formula company paid for. I'm not going to trust something that somebody says about butter if it's a margarine company financing it. So I tend to look very carefully at that kind of information [Figure 38].



Figure 38. My sources of information (Betty)

While most participants in the study prefer sources of information based on scientific research and find them generally more dependable than other sources, several participants note that books do not always have to heavily rely on scientific research or even be research-based to serve as good, reliable sources of information about nutrition. As Anna describes in the following quote, children's books can also work as great

sources of information about healthy nutrition for kids, especially since they are directly speaking to children themselves in fun and easy to understand language:

That's my daughter's book—*The Little Engine That Could* [Figure 39]. This is a new version of the book and it's got really beautiful illustrations and whatnot, but there's this one page that talks about what the train was carrying, and in addition to toys and dolls and things like that, it was also carrying good food for the children to eat. I think it says it was carrying apples and oranges, spinach and milk, which are good, and then after that it says, "And then peppermint and lollipops and ice cream for after dinner treats." And I just thought it was really interesting the way they threw in "after dinner treats," you know... and what they called healthy and whatever, and it's in a children's book. So it definitely has this educational component. And I think it's a great way to teach both children and parents about healthy nutrition.

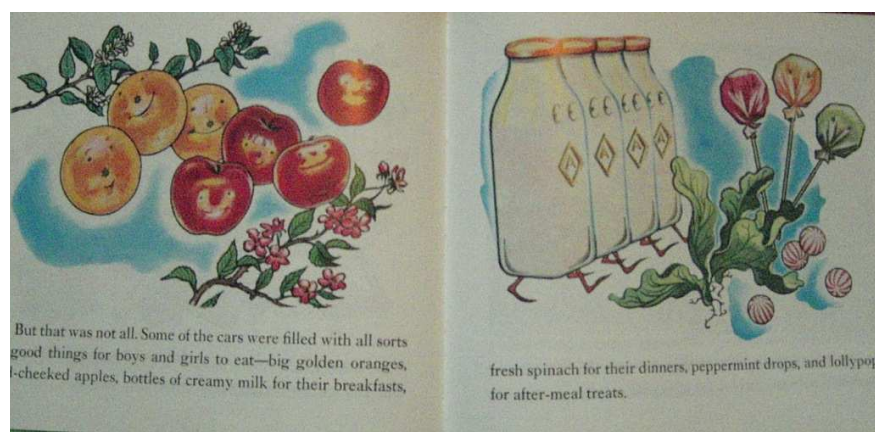


Figure 39. The little engine that could (Anna)

Moreover, for some participants, books as reliable sources of information about healthy nutrition go hand in hand with their reliance on other media materials, television in particular. More specifically, several participants have stated that they find books written by celebrity doctors such as Dr. Oz and Dr. Phil to be great sources of information about healthy nutrition. It is important to note that, in these cases, it is the authority and the communication style of their favorite TV personality that serves as motivation for participants to purchase and read the book. As Selena shares, Dr. Phil's honest, no-nonsense approach to health-related topics and his ability to explain the logic and reasons behind his advice is what she values the most:

Dr. Phil has certain tips on nutrition and a chart on calories in [his book]. [...]

And anything that he has to say, he's straight up and forward with it. And I love to listen to him talk about any type of topic, you know. [...] I like that he explains the chart and the foods, and what foods are good for you and why. I like to know why. That way I can understand it better, because it makes sense, and I can use it to prepare healthy meals for my daughter, too.

Dr. Phil certainly serves as a great example of the discrepancy addressed earlier in this chapter: the general distrust of medical professionals in interpersonal contexts and much confidence in and reliance on the advice of celebrity doctors who appear on television among the study participants. Moreover, largely due to the influence of celebrity doctors, television was identified as the next most popular and frequently used source of information for the mothers in my study after nutrition books and cookbooks focusing on preparing healthy meals.

Television

Television as an important source of information about healthy nutrition, especially healthy lifestyle and healthy meal preparation, is discussed by most participants in the study. More specifically, mothers in the study identify three main television-based sources of information: (1) celebrity doctor shows, such as *Dr. Phil*, *Dr. Oz*, and *The Doctors*; (2) children's TV shows, particularly those featured on PBS, such as *Sesame Street*; and (3) cooking shows, especially those featured on the *Cooking Channel* and the *Food Network*. Next, I address each of these sources individually.

Several participants mentioned celebrity doctor shows as a source of nutritional information. Ashley is one of the participants who put great value on the advice shared by celebrity doctors, such as Dr. Phil and Dr. Oz. As she explains,

I love Dr. Oz [Figure 40]. I record all his shows. He is always on point. [...] I like that he exposes everything, and he tells people in a nice way. And he's a nice, personable kind of guy who's not speaking in some weird lingo that nobody can understand. He's not using ridiculously big words like some doctors I know, just words we can all understand. He even uses examples...like metaphors to show people what he means. And they may seem dumb sometimes, they may seem kind of corny, but he's not embarrassed, and that really helps people who are embarrassed to share their issues. [...] I feel like I can trust him and his expertise when it comes to health and healthy eating.



Figure 40. I love Dr. Oz (Ashley)

Selena is another fan of Dr. Oz, and she feels that his advice is useful, expert, and applicable to her life circumstances:

I get a lot of my nutritional facts from Dr. Oz. Since he's a doctor and his body looks fit, I trust his expertise. And anything that he says I can apply to my life or my eating habits. [...] And the way he talks about health is, it's very easy to understand. He doesn't make it complicated. Just plain English so people of all ages can follow him. So watching Dr. Oz makes me feel like I'm gaining a lot of knowledge about nutrition and about health.

Correspondingly, several participants who regularly watch Dr. Oz's show also enjoy watching TV show *The Doctors* for similar reasons: The doctors on the show are straightforward in the way they address health issues; they use simple language that anyone can understand; and they seem friendly and personable. As Tanya explains,

I love watching *Dr. Oz* and *The Doctors*. I watch Dr. Oz because he's smart and I feel like he knows what he's talking about. And *The Doctors*, I really like that

show because they are doctors, they have education, and they have expertise.

[...] And I like that they [the doctors on the show] are easy to understand and their advice is easy to follow.

Some of the positive qualities of celebrity doctor shows, as described by the study participants, were reiterated in reference to children's TV shows, which also serve as a valuable, reliable and entertaining source of information for many mothers in the study.

In addition to the celebrity doctor shows, which were mentioned by several participants in a very positive context, most participants report that they get a great deal of information about healthy nutrition from watching children's TV shows, particularly *Sesame Street*. As Diana describes,

I think there are plenty of good, healthy references for our children in [children's TV shows] if you expose them to it. Our TV is on PBS, basically all morning long. And they will promote a lot of really healthy kinds of things, and tell kids to eat fruit and vegetables. [...] And now I can say, "Hey, even Cookie Monster is eating some vegetables now, and not so many cookies." And you see those kinds of things all the time when you watch the show.

Correspondingly, Julia feels that *Sesame Street* serves as a great source for information about healthy nutrition, both for children and their parents:

I really like *Sesame Street*, and my son and I will watch it together. And now they have the broccoli song, where one of the characters tries broccoli for the first time and loves it [Figure 41]. And they have "sometimes food" like fries,

cookies, and ice cream, and “anytime food” like fruit and veggies. They are really teaching kids about healthy nutrition. [...]And I feel my son is really influenced by television in that sense. The other day, he was watching *Wallace and Gromit*, the animated series. The episode was called something like the *Curse of the Were-Rabbit*, and Gromit has tons of salad, and he’s chopping up carrots. And I think it definitely has an impact on kids, because my son asked for carrots. And so I gave him a knife, and he did chop carrots for a good while.



Figure 41. Veggies on *Sesame Street* (Julia)

In that sense, children’s TV shows can serve as a valuable source of information about healthy nutrition for both the mothers in the study and their children and offer convenient and spontaneous opportunities for direct communication about healthy vs. unhealthy habits between children and their parents.

A number of mothers in the study also referenced the *Food Network* and/or the *Cooking Channel* as one of their main sources of information about healthy nutrition for children, especially when it comes to ideas for preparing quick, healthy, and wholesome

meals. Many of them rely on the cooking shows to provide them with meal ideas, but they also feel that these shows have a strong educational component and that they are learning a great deal about healthy nutrition simply by watching them and trying our recipes. As Selena explains, “I get a lot of my information off the *Food Network*. [...]. I’ll experiment with food sometimes, and it helps me to eat healthier and offer healthier options to my little girl. The *Food Network* is expanding my views when it comes to food.” In that sense, television serves as a great source of information about healthy nutrition for many mothers in the study.

However, a number of participants have also discussed different negative aspects of television. The most frequently cited “dark side” of television are commercials, particularly those directed at young children. Several participants have identified commercials as sources of problematic information, because they often promote unhealthy, junk foods and bad habits among children. In spite of that, the overwhelming effectiveness and reliability of television sources of information was described as very high by most participants.

Internet sources

On the list of most frequently used and relied on media sources of information for the mothers in this study are Internet-based sources, which all participants use occasionally and most of them use on a daily basis. Additionally, the majority of mothers in this study report using the Internet as a great source for healthy recipes and find it helpful for planning meals and exploring new foods. As Brittany shares, “I

usually get the majority of my recipes from foodnetworks.com and I also get a lot of useful stuff from the food blogs. I like printing off the ones I really like and I have a three-ringed binder with a bunch of recipes in it.”

Beth also relies on different websites and food blogs for information on healthy nutrition for children and inspiration for new projects: “There are couple of websites I really like, such as babycenter.com. They have some sound advice on there. What I really like about it is that it gives little snippets of information at a time. It’s not like you’re overwhelmed with all this information at once, but every week there’s this little blurb on this one issue.” For Beth and many other participants, sources of information that are reliable; straightforward; easy to understand; and provide information in small, manageable chunks, are the highest rated ones.

Another important component of a good information source, as Jamie explains, is that it allows you to do further research by providing web links and a list of sources for where the information came from:

I get most of my information from websites, through blogs, especially mom-blogs. I think they are really effective and there is a very, very popular one called Moneysavingmom.com. I get most of my nutrition information from here because she talks a lot about *why*, she really explains things. Her whole website is geared towards basics, like why she’s buying, what she’s buying. And if she’s made a change to what she’s buying, she’ll say: “This is why I’m buying coconut oil instead of this other oil,” and she’ll always give a link and more sources for people reading her blog. So I’ll click on the link and read up more about it or, if I

wonder why she's using this new kind of sweetener over this other kind of sweetener, I'll do more research.

While most participants think of the Internet as a reliable, easily accessible, and helpful source of information (Figure 42), some of them feel that the sheer amount of information available online can be mindboggling at times, and only serves to further confuse them and increase the sense of uncertainty about childhood nutrition, rather than alleviate it. As Ashley shares, "Internet can be great because you can get all kinds of information on there—the pros and the cons. But it also gets kind of confusing, and you have to sort it all out and think really critically about it and make your own decisions. And that's hard—it's not for everyone, definitely." Tamara, who does most of her nutrition-related research online, agrees that the Internet-based information is not always to be trusted, which is a source of uncertainty for her: "Probably most of my research about nutrition is on the Internet. But the Internet is kind of scary sometimes, unless I know for certain that [the information] is very reputable. It's hard to negotiate. Anybody can get online and write anything about anything, so you really need to be extra careful with Internet sources."



Figure 42. Doing online research about nutrition (Kay)

Magazines

Another important source of information about nutrition, as reported by the mothers in the study, are magazines, particularly those focusing on parenting and health. As Bonnie explains, information about healthy nutrition she found in magazines served as a great foundation when she first became interested in learning more about this subject:

Back before the kids, as I was approaching my 30's, I started thinking about eating right, not skipping meals. I started reading *Prevention* magazine, and then I'd go through the different magazines, and then the Food Section in the newspaper, and listen to what different people had to say, listening to some on the radio or TV, and then study for reference. You can't always trust every study

and everything that comes out. You've just got to have some discernment. It's just something that intrigued me, I guess. I wanted to be healthy, and live a long time, and look good. [laughter] And I think that's something I was able to teach my daughters too.

Similarly, Ashley thinks of health magazines as an excellent source of information about healthy life style in general and specifically healthy eating (Figure 43). Additionally, she thinks of them as a very good starting point for doing her own research. As she explains, "I'm always reading health magazines. [...] That's where I get most of my information, and then I start researching whatever website they mention [in the article]."



Figure 43. Getting healthy recipe ideas from magazines (Ashley)

Correspondingly, Cathleen relies on health magazines for information about healthy nutrition and finds them to be a wonderful source for quick, tasty, and wholesome recipes. Several participants have also noted that health and parenting

magazines can serve as a great source for helpful strategies that improve the variety and quality of their children's diet. As Anna explains,

I was looking at a parenting magazine a few weeks ago [...] and I found this chart that I think is very helpful. I'm so not creative when it comes to food and I'll usually just go back to the thing that's easy and so I'm trying to add more variety to my daughter's diet. [...] And this chart was great because it has the column for protein and a column for complex starches, and it's for kids. And then the other column is for whole grains, and one for vegetables, and it has eight or nine suggestions for each category. So I put this chart my fridge and was like, "Okay. Good idea."

In summary, while magazines were not as frequently cited as sources of information about healthy nutrition as television and the Internet, many mothers in the study still rely on them, especially for recipes and meal ideas. In the next section I discuss another important body of information mother in the study rely on: institutional sources.

Institutional sources of information

As discussed previously in this chapter, the institutional sources of information include educational institutions; religious institutions; and government, primarily through sources such as MyPlate and the Food Pyramid and special federal assistance and supplemental nutrition programs such as WIC. In the following sections, I address each of these institutional sources individually.

Educational institutions as sources of information about healthy nutrition

In spite of the avid criticism that schools often receive in the media for not providing healthy food options for children or spending enough time educating them about nutrition, most participants in my study identified schools and other educational institutions as important direct and indirect sources of information about nutrition in their personal lives. However, the majority of participants feel that they received the most valuable and relevant information about nutrition while in college. As Cara recalls, her knowledge about healthy nutrition is “something that actually came with college.” As Cara further shares,

I remember taking a nutrition class in college when I was on the drill squad because we all had to take a nutrition class to make sure we were eating right because anorexia was a really, really big concern. [...] And I remember the nutritionist coming in and talking to us about the kinds of produce that we should eat. [...] Until then I would just assume that fresh produce was the best there was. But she said, “Actually, most of your fruits are better frozen.” Unless you’re picking them from your own garden, unless you’re picking them immediately and eating them, because if you’re buying produce from the grocery store, it’s been on the truck for a whole week. It was picked before it got to optimum ripeness. So, it doesn’t have the maximum amount of nutrition it could have.

For some of the participants, school is essentially the only significant source of information about nutrition, in addition to news sources. As Maggie shares, “I don’t read

articles; I don't research food, or anything like that. I just remember the basic Food Pyramid from when I learned it in school." Several participants emphasized that they learned the most about healthy nutrition for children through hands-on projects they took on in school, which allowed them to collect and actually prepare different healthy recipes that are using to this day. As Tamara asserts,

One of the classes I took in college was specifically for children's interest. [...] That was a whole year long class, and we had to create this book or recipes by actually making the meals and taking pictures of the things we made and compiling it all into a recipe book. [...] That was before I had any kids, so, it was very helpful because it made me think about what kinds of things are important to me in terms of children's nutrition.

Similarly, Robin has participated in a number of food shows organized by her school for which she helped create several cookbooks. She feels that this was a very rewarding, hands-on experience that taught her a great deal about healthy nutrition:

I remember the times when we lived in this really small town, like it's the smallest county in Texas. This place is really small, but we have a county fair every year. And I remember doing displays and making a Food Show cookbook with some of my friends from 4-H. Once we did a health display, and we talked to people about the Food Pyramid and healthy eating as they were looking at our display. And I really learned a lot through that experience.

In addition to emphasizing the important role that information they received in school played in their understanding and knowledge about healthy nutrition, a number of

participants also shared that they frequently get information about healthy nutrition from their children, who in turn receive it at school. As Tania explains, “When my kids learn about healthy nutrition in school they’ll say, ‘Oh, Mom, we learned at school today that McDonald’s is fast food, and we should eat healthier.’ So, if they do learn it in school, it really helps, because lots of what they learn in school, they take it with them and they’re like, ‘Oh, I learned it.’”

Several mothers in the study shared stories about children learning about healthy foods and simple ways to prepare and serve them, and sharing that information with their parents. These stories were echoed by one of my key informants, Diane Dahm, Director of Child Nutrition for the College Station Independent School District. As Diane states,

For instance, we have lots of fresh fruits and vegetables. We are much more successful with fruits than we are with vegetables. But we get a lot of feedback from our Head Start¹⁰ department because in our school district, Head Start is part of the school district, and every elementary school has at least one Head Start, and we work pretty closely with the Head Start administration. And so they have told us that they hear from parents that are grocery shopping with their Head Start children about children encouraging them to purchase new kinds of food they encountered at school, and they’ll say, “Oh look, Mother, it’s a kiwi; we eat kiwi at school. Let’s buy kiwi;” whereas, in most cases parents probably were not buying it before. And because Head Start provides snacks for their

¹⁰ As described on the Texas Head Start Association website, “Created in 1965, Head Start is the most successful, longest-running, national school readiness program in the United States. It provides comprehensive education, health, nutrition, and parent involvement services to low-income children and their families. Nearly 25 million pre-school aged children have benefited from Head Start.”

students, and they at least part of the time get those snacks from us [the school district], they'll eat healthy snacks, like fresh fruits and vegetables, and that's a wonderful way to learn about healthy nutrition.

As evident in the above examples, educational institutions can represent a valuable source of information about healthy nutrition, both for mothers and children, and have the potential to positively influence shopping and food preparation practices. Moreover, young children will frequently form a different understanding of healthy nutrition based on the information they are getting from school or daycare, and oftentimes they will have access to information that their parents don't really have. Furthermore, they can share this information with their parents, thus expanding their knowledge about nutrition and improving the eating habits of the entire family.

Religion as a source of information

Many participants in the study discussed religion and religious institutions as an important source of information about healthy nutrition. More specifically, participants deem the sources of information as more reputable and trustworthy if they confirm some of the basic postulates of their faith. Additionally, several participants identify religious leaders as ideal persons for disseminating information about healthy nutrition. Finally, churches and other places of worship are described as excellent physical locations for conversations, lectures, and workshops about nutrition and health. However, it should be noted that mothers in the study mainly discuss religion as a source of nutritional information from three specific perspectives: that of the Church of Jesus Christ of Latter-

day Saints (LDS), the Catholic Church, and an unspecified Christian (Biblical) viewpoint.

As Cara, who identifies as a member of the LDS church, explains, religion plays a very important role in the way she and her family view food and nutrition, as well as the way in which they evaluate different sources of information about healthy eating. She details,

When we first moved here, these friends from church invited us over for dinner. And she's like, "My husband and I, we read this book, it's called *The China Study*, and we'd like to lend it do you, if you want to read it." And my husband is like, "Yeah, great." [...] And he told me about the book as he read it. We're members of the Church of Jesus Christ of Latter-day Saints, and our religion talks about eating meat sparingly and eating the grains of the field and the fruits and vegetables in their season. And I felt like this book really answered that for me. This is how we can take better care of our bodies. The Lord made these bodies. He knows how to best take care of them. This is what [the Lord] says to do and this book specifies how to do that. And I thought it was absolutely great.

Similarly, Beth, who is also a member of the LDS church, feels that her religion plays an extremely important part in the way she governs how and what she and her family eat on a daily basis:

I like to be prepared for any eventuality and stockpile food, and that's a very largely religious influence. Our church is huge on that. [...] And my religion it definitely a big part of how we feed ourselves and how we eat, and the decisions

that we make nutrition-wise. [...] In our religion there are writings that represent the Lord's law in health and nutrition. And it gives some general guidelines like eating grains and eating fruits in the season. [...] We avoid things that could be harmful to our bodies like smoking, and drinking alcohol or strong drinks, and we consider tea and coffee to be strong, because there's a lot of caffeine. And you don't want anything that could cause addiction. And our Holy Scripture [Figure 44] talks about how the Lord has given us this bounty on earth, with all these wonderful things to please the eye and gladden the heart, to make us happy, to enjoy some pleasure while we're on the earth. As long as you do it in moderation, as long as we're not pigging out and indulging in unbridled excess. You have to exert a little willpower there. But you don't have to feel guilty about every now and then enjoying some of these "unhealthy" foods either.

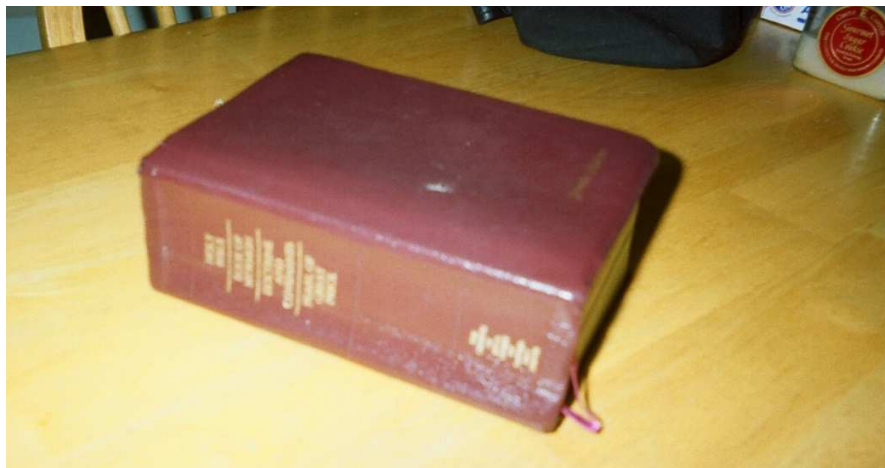


Figure 44. Scriptural basis for the way I govern how I eat (Beth)

Correspondingly, for Tanya, who identifies herself as Christian, the Bible is a source of valuable information for living a good life, which includes fulfilling her role as a woman and a mother. Tanya explains how the Bible also gives concrete advice when it comes to healthy nutrition: “My favorite part of the Bible is the Proverbs [Figure 45], and in Proverbs 31, it talks about how to be a virtuous woman of God. [...] I do my best to feed my family well and healthy. I feel that the Bible can help me with that, give me guidance when it comes to what foods are good to eat and good for our body and soul.”

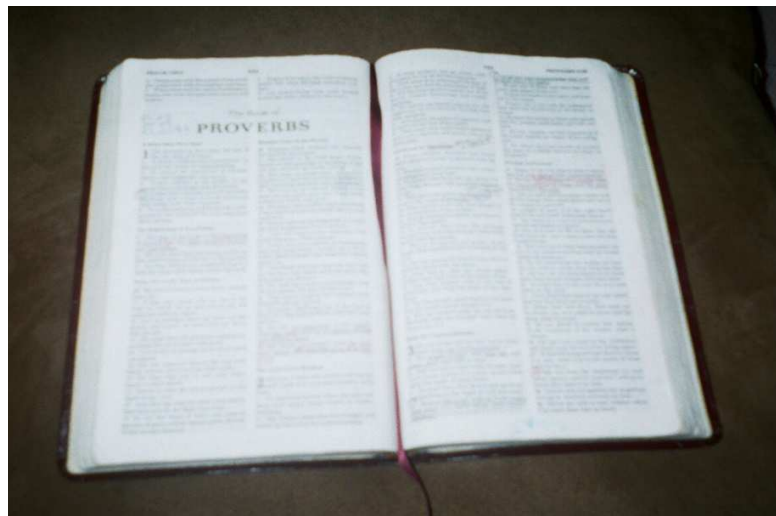


Figure 45. Proverbs (Tanya)

Ashley, who is Catholic, feels that, while her religion provides helpful and reliable information about living a healthy life, religious institutions and those running them do not do enough to emphasize the importance of healthy nutrition and the disastrous and lasting consequences of unhealthy eating habits. As Ashley explains,

We go to church and I really value what the Bible says, that we're supposed to hold our body as a temple and take good care of it. And I said to [my husband], "You call yourself a Christian, and you don't even act like it!" I mean, what are we teaching our kids? That's the reason why I have a hard time going to a church when I see an obese pastor. I'm just like, "OK, you know the Bible, and you're the one leading us, and you can't even show us by example how to lead healthy lives. [...] I started to get frustrated at the fact that our leaders were not teaching us about [healthy nutrition]. Everyone was stressing, oh, don't do adultery, don't smoke, don't drink, you know, the basic stuff. I mean, what about eating healthy? Everybody is fat in the church house! [laughter]

Conversely, several participants discussed how their churches and religious leaders do a great job of providing information about healthy nutrition and educating their church members about taking care of their bodies to maintain long-term health by referring back to their sacred texts. As Maureen, another member of the LDS church, states,

An important source of information about nutrition for me is my religion. Sometimes, at church meetings, they say okay, this is what you should be eating. And we also use something called "The Word of Wisdom." And it talks about the kinds of things you should eat, like grains and fruits in their season. And to eat meat sparingly and to avoid, of course, sodas and coffee. That gives me great comfort, knowing this, because I get confused by all of the different sources of information out there. I don't know how to make sense of all this stuff, it's just

too much. But then I'll think, it's okay, I'll just go back to basics, to my church's teachings.

Alannah, a Catholic, has similar, positive experience with her church and priest, who is also the head of the school her son attends. As she explains,

I'm Catholic and I go to church, and they do talk about nutrition and how it's okay to indulge every once in a while, but just like everything in life, you need to have moderation. Our priest does talk a lot about making good choices. And he'll talk to children about how they shouldn't over indulge, and about making good choices of what you eat, how you act, what you partake in entertainment-wise, what you watch, and stuff. And in a Christian sense, he does cover gluttony and stuff like that quite a bit, which is good. And I think the priest is the right person to talk about it, and really, any kind of authority figure is the right person to talk about it. [...] And I definitely see that they offer good nutrition at the school and our priest is the head of the school, so he really talks the talk and walks the walk.

Based on the above reports, it is important to note the vital role that religion and religious leaders play in the lives of the study participants and their families. This is echoed by my key informant Simmons, who works with homeless children and their families to help them achieve sustainable independence. As she explains, churches play a very important role in providing both useful information about healthy nutrition, and also healthy meals to underprivileged families in BCS community:

We have nine churches in this area where homeless families can get home-cooked meals, and they get balanced meals at these churches. [...] I think the

best way to raise awareness about [healthy nutrition] in the community is through pastors, especially in the lower-income areas because they are extremely, extremely influential. And if the church has got a daycare going on, they may be disseminating some type of nutritional information to children. [...] I'm actually the church musician; I play for a little church in Hearne. And so we have a lot of education at church, even though it's small, and we actually have a Health Ministry, where we have one of our nurses come in and talk about things like this once a month, not just the nutrition, but also about how diet can help in preventing chronic diseases and health conditions in the long term.

Therefore, it is also important to acknowledge the potential for positive influence that religious leaders and religious institutions can have when it comes to disseminating information and educating individuals and families about healthy nutrition, thus reaching entire communities. In the next section, I discuss the perceived role of government in providing information about healthy nutrition to the participants in this study.

The role of government

Most mothers in the study acknowledge that the government, primarily through sources such as MyPlate and the Food Pyramid, but also through special federal assistance and supplemental nutrition programs (*e.g.*, WIC), has an important influence on the ways we perceive healthy nutrition and the type and quality of information that is disseminated to the population at large. Almost every participant in the study makes some reference to MyPlate and/or the Food Pyramid as a basic source of information

about healthy nutrition they still rely on, even if they don't rely on any other sources. It is important to note, however, that even though the great majority of participants made at least one reference to the Food Pyramid, only two mothers in the study correctly reference MyPlate as the new USDA model for healthy eating in the U.S., which replaced the MyPyramid food guide in May 2011, though it retains some of the same messages about healthy eating (Choose MyPlate, 2014). While some participants believe that government should provide nutritional information to citizens, as well as intervene in food industry (*e.g.*, regulate the safety of some of the most basic goods), others feel that such interventions are both unnecessary and intrusive. For example, as Jamie contends,

Not all moms feel the same way about it. I think the school is responsible [for our children's nutrition], but I don't think the government should be responsible for our kids' health. They shouldn't be telling you what your kids should be eating. I don't want anybody telling me what my kids should be eating. Giving information is great, you know, I went to WIC—I loved WIC. WIC told you certain things, and that's all government, but I think as a whole, as a parent, you should be out there, the person who gives the best food for your child and not rely on the government completely.

Tanya, on the other hand, feels the opposite, that governmental involvement in children's nutrition is not only welcome but also necessary for successfully improving the health status of the U.S. population:

Mrs. Obama [...] and the chef at the President's house, they came back out with a new Food Pyramid. So when you say the government, they also came out with Healthy People in 2010, and some people think that's like pushing people to like get in shape, but I think if the government wants you to be healthy, that's a good thing. And it seems like there's a difference between what government does and what companies, big companies, do. And so I don't see that as the same thing at all. So when I look at what the government does, I see things like the new Food Pyramid and things that are important for improving our kid's health, and everyone's health, really.

Finally, several participants talk about the concrete ways that governmental entities, such as WIC, promote healthy nutrition and education that focuses on it. As Alannah explains,

In order to keep your WIC benefits, they require you to take classes about healthy nutrition. I think there's one every six months; you have to take the class. But it's useful stuff about proper nutrition for infants, stuff about breastfeeding and when to introduce solids, and different ways to choose produce when you're out shopping. There are [classes] with different recipes to make meals using the items that you get on WIC, and they've got a whole thing in there on exercise, and how to make your own baby food with the vegetables that you're getting. There's a lot of options and there's a lot of information on there that even I wasn't aware of, and I felt like I really got something out of it.

As evident in the above examples, the participants have varying degrees of trust in governmental institutions and different opinions about the level of involvement the government should have in children's nutrition, which is largely based on individual political beliefs and loyalties. However, most of them explicitly or implicitly agree that the government has a great deal of influence in this domain, whether they are comfortable with that influence or not.

In summary, when it comes to healthy nutrition for children, mothers in this study actively engage in various information seeking and receiving practices. While they struggle with numerous issues concerning food-related risk and uncertainty, the participants also rely on many helpful sources of information, including interpersonal sources, media sources, and institutional sources. All of these sources of information further serve to expand their own understanding of healthy nutrition and improve communication with their children about food and eating, as discussed in more detail in Chapter VI. However, while they acknowledge the influence of different information sources on their perceptions of (un)healthy nutrition for children, most participants in the study maintain that childhood nutrition is primarily the responsibility of the mother.

CHAPTER VI

MOTHERS' PERCEPTIONS OF THE ROLES THEY PLAY IN THEIR CHILDREN'S NUTRITION AND THE WAYS THEY COMMUNICATE ABOUT IT

This chapter focuses on mothers' perceptions of the roles they (and other primary caregivers) play in their children's nutrition and the ways they communicate about it. The subsequent sections inform the third overarching theme identified through the process of data analysis, i.e., mothers' perceptions of the role they play in their children's nutrition and in communicating about food, as well as related sub-themes.

In the next section I explore the ways that mothers in my study communicate with their children about food while addressing communication problems they encounter in the process.

Mothers' perceptions of the role they play in their children's nutrition and in communication about food

This section explores ways in which the participants in my study communicate with their children about food and healthy nutrition and the role that discipline and motivation play in this process. Additionally, I address mothers' perceptions of "successful" vs. "unsuccessful" communication about food and the effects these communication patterns have on mothers and their sense of identity. Furthermore, I explore how successful communication practices described and employed by the

mothers in the study empower children to seek healthier options and think about food in terms of health.

Communicating with children about food: Gatekeepers vs. motivators

As mentioned earlier in this dissertation, all participants in the study clearly expressed the belief that mothers are primarily responsible for their children's nutrition so that it is their responsibility to teach them the basics of healthy eating and ensure that their children are eating a balanced diet. As Michelle explains, "My son will be five next month. So, when he asks for candy or when he asks for whatever, I have to say, 'It's my responsibility to keep you healthy and to help your body grow properly.'"

This notion of responsibility is one of the most important elements shaping the ways the mothers in the study communicate about nutrition with their kids. Since mothers perceive themselves as "responsible" in this way, their communication is that of responsibility as well, and repositions them as either (1) *gatekeepers* or *disciplinarians*, who try to limit children's access to unhealthy food options and offer as many healthy options as possible or (2) *motivators* or *negotiators*, who inspire their children to actively make healthier nutritional choices by directly communicating the importance of making the "right" choice. Mothers often oscillate between these two roles, depending on the specific circumstances and parenting styles, but in general, each mother adheres to one of the said roles more than the other for the most part.

For example, Anna finds herself taking on the role of a gatekeeper/disciplinarian whenever her daughter gets particularly picky about her food choices:

Last week, she's sitting there and she's like, "I want more corn chips." You know, like Mexican food. And I'm like, "You haven't touched anything else on your plate. Anything." And so I said, "You need to eat two bites of that other stuff, your veggies and meat, and then you can get the corn chips." And so far she's obliged. But I don't know if that's the right way to go or not.

In that way, Anna's approach to such issues is very similar to that employed by other mothers in the study who typically take on the gatekeeper/disciplinarian role when they sense resistance from their children or feel frustrated with their lack of compliance regarding nutrition.

On the other hand, many mothers in the study who take on the role of negotiators/motivators engage in the process of bargaining on a regular basis. Betty explains her approach to negotiating about food as she reflects on her communication with her daughter: "When she refuses to eat something that I know is good for her, it often works if I'll tell her that I'm going to eat it instead. Then she's like, 'Oh, then I'll eat it.' Yeah, we negotiate all the time, especially about desserts. I'll ask her, 'Do you like ice cream? Well then, you have to finish that food first to get it.'" For many mothers in the study, this process of negotiating and bargaining about food choices is an essential part of their daily communication with their children.

Sometimes the roles of disciplinarian and motivator intermingle and are hard to distinguish from one another because mothers switch back and forth in their effort to both (1) establish the ground rules by taking on the role of gatekeeper/disciplinarian and (2) make a solid foundation for future healthy eating habits in their children by taking on

the role of motivator/negotiator. Grace describes the way she oscillates between the role of a disciplinarian and that of a motivator in her communication with her oldest son in the following quote:

I don't know how good it is for kids to consume a lot of dairy, but my oldest will eat cauliflower with cheese sauce for like every meal. I feel like he doesn't get enough variety sometimes, but cauliflower at every meal is not terrible, I guess. But I feel like it's a constant struggle of what is good nutrition and sometimes I have to just say no to certain foods. But on the other hand, I'm very pleased that my five-year-old and I frequently talk about healthy eating [Figure 46], and I have actually heard him repeat some of those things to one of his friends. We were at this frozen yogurt place with his friend, and instead of chocolate and sprinkles and similar toppings, I said they could have some fruit, but not the other toppings. And they discussed the healthy options that I just picked up. That was a really, really great moment, having this little discussion about toppings and why certain options are healthy and certain other options not so much.



Figure 46. Making healthy choices (Grace)

What Grace and other mothers in the study find particularly motivating is when the effort they put into communicating about healthy nutrition to their children is, in turn, displayed in the children's communication with others, which confirms the effectiveness of the mother's role as both a gatekeeper/disciplinarian and a motivator/negotiator. I have labelled this process *the replication of communication messages about nutrition*. The majority of mothers in the study (23 out of 28) spoke about this process as a representative example of the "successful" communication about (un)healthy nutrition with their children.

"Successful" communication about (un)healthy nutrition: The replication of communication messages

As evident in the data I collected through this study, the replication of communication messages is the process through which the messages that were communicated to children by their mothers get reproduced or replicated when children communicate with others about (un)healthy nutrition. For most mothers in the study, this process represents the ultimate tangible confirmation that their children are effectively implementing the messages about (un)healthy nutrition that the mothers are sharing with them.

Correspondingly, the replication of communication messages about healthy eating options was identified by most mothers in the study as an important factor in validating not only the successfulness of their communicative approach, but also their

role as a mother. In the following quote, Tamara describes the validation she gets when her children successfully internalize her advice about healthy nutrition:

I talk to my children about healthy nutrition all the time and I just love those wonderful Mom moments when they start making the good choices on their own, which I think means that they have actually understood and adopted the messages I tried to communicate to them. So with Halloween having just passed, my children have all these lovely, large bags full of sugar right now. [Laughter] And I told them they could each pick one Halloween candy to have after they have finished their lunch today. And as I walked into the kitchen, I heard my 6 year-old telling my 4 year-old, “We can only have one candy because if we put too much sugar in our body, it’s not good for our bodies and won’t help us grow stronger.” And I was like, “Yes, it stuck.” It stuck in his brain, he remembered. That made me feel wonderful, like I was doing a really great job as a mother.

Similarly, Ashley who frequently takes on the role of disciplinarian/gatekeeper as well as that of motivator/negotiator in her communication with her kids, feels that the reproduction of communication messages about healthy nutrition she shares with her children is a clear sign that her children understand and value those messages and that she is successfully fulfilling her role as a mother. As Ashley explains,

I asked my daughter to hold me accountable because I hold her accountable. I’m hard on her, and she’s hard back on me. One time, I was eating a burger with my friends, and it wasn’t a turkey burger or a veggie burger, and she told me, “Mom, that’s not healthy, and you can have a heart attack off of that.” And she told my

friends the same thing. [Laughter] And I was so proud of her for saying that! She had every right to hold me accountable—I wasn't making a healthy choice. So I think I'm doing a good job teaching her about health and nutrition. I'm doing a pretty good job as a mom.

As evident in the above quotes, many mothers in the study had a sense of pride associated with what they perceive as “successful communication” about healthy nutrition. Additionally, a number of participants reported experiencing a range of other positive feelings as well, such as happiness, hopefulness, empowerment, comfort, optimism, and joy.

“Successful” communication about (un)healthy nutrition: Affirmative and cautionary messages about body image

Whether a message about food consumption is deemed successful or unsuccessful for many mothers in the study depends on how it relates to one's body image and what it communicates about it. I identified two types of messages pertaining to perceptions of body image in children that mothers typically utilize during instances of “successful” communication about nutrition: (1) affirmative messages about body image and (2) cautionary messages about food.

Affirmative messages about body image

A great deal of the positive feelings reported by mothers were directly connected to affirmative ideas about body image they were able to communicate to their children.

As Cara describes,

My husband and I are both shorter people. So [my youngest] is one of the shortest kids in his class just because he's got short parents. He gets frustrated sometimes that he's not tall enough for things. And it made me really happy to be able to talk to him openly about the source of his frustration. I said to him, "You may not ever be as tall as your cousin. But if you drink your milk and you eat your vegetables, and you eat good, healthy food to help your bones and your body grow, then you'll be able to get as tall as you possibly can." [...] So, it makes me happy that we can talk about these things. I try to teach him that the only thing that you can do to help yourself get to be as tall as you can is to eat good things and drink your milk and make healthy choices. And I think he really understands that now, so that makes me very happy and very optimistic too, because I'm teaching him to feel good in his own skin [Figure 47].



Figure 47. I am this big (Cara)

While many mothers in the study focus on communicating the importance of “feeling comfortable in their own skin” to their children, a number of them take a different approach, especially when it comes to issues related to obesity and overweight. For these mothers, communication about food and its effect on one’s body centers mostly around cautionary messages and avoidance of foods that can cause weight gain.

Cautionary messages about food

As reported earlier in this dissertation, most participants in the study associate overweight bodies with unhealthy eating habits and believe that overweight people are not healthy. In that sense, some mothers are likely to focus their conversations with children around the notion that having an overweight body is bad, undesirable,

unhealthy, or socially unacceptable. Consequently, they also tend to categorize foods as either “good” or “bad” in their communication with their children. Therefore, because they perceive overweight bodies as unhealthy bodies, some mothers in the study choose to concentrate their communication on “bad” foods that should be avoided because they can lead to obesity, rather than on how to eat for health by enjoying a diverse diet that provides a full range of nutrients. None of the mothers who take this communicative approach doubts or questions its validity and efficiency. As Joy explains, “As far as nutrition goes, I don’t really follow a guide. I just think about, ‘Okay. Would eating this put weight on me or my child?’ If the answer is yes, I do my best to avoid it. And I’ll just, you know, section out [my son’s] portions and watch what I give him. I don’t give him too many sweets because sugar is what makes you fat.” Similarly, Diana equates being overweight with being unhealthy: “If my kids were to become obese, that means they’re going to be unhealthy, they’re going to have diseases early in life. And you see that with these kids who have type 2 diabetes now. Not only that, though, there’s a social stigma of being overweight. So I do my best to avoid bad foods and keep them healthy.”

In summary, for many mothers in the study, establishing a clear and firm difference between “good” and “bad” foods, explaining the effect the food can have on one’s body, and making sure that their children can easily distinguish between good and bad foods constitutes successful communication about (un)healthy nutrition with their children.

Another aspect of “successful” communication about (un)healthy nutrition with children is the role it has in empowering both mothers and children to be more interested in, creative, and proactive about making healthy choices.

“Successful” communication about (un)healthy nutrition: Empowering both mothers and children

As is evident in the data collected through this study, communication about (un)healthy nutrition that was deemed successful by participants was in almost all instances also labeled or defined as “empowering,” for both mothers themselves and their children. The ways in which empowering communication about healthy eating manifests itself in participants’ lives are trifold: through (1) experimenting with food and adventurous eating (trying new foods); (2) paying more attention to the visual appeal and presentation of food; and (3) seeking ways to be creative with food. I discuss the first two in the next two subsections, while the third is addressed later in the subsection *Creativity in meal preparation*.

Experimenting with food and adventurous eating

Many participants in the study feel that empowering communication about healthy nutrition is directly reflected in children’s (and other family members’) willingness to be adventurous and try new, unfamiliar foods. As Cara explains, her successful communication with her children empowers her to be more adventurous with the kinds

of food she offers to them, and, in turn, it empowers her children to feel more open towards exploring and experimenting with new flavors:

This photo [Figure 48] shows a little tiny bit of grated cheese. And it's the kind of cheese [my son] has never tried before. So, that's one of our little things that we do: when we're having a new kind of food, he gets to do a one-bite taste. It's all about trying new things and not discarding them out of hand, but trying something different and feeling OK with it. [My son] used to be very picky, but now he has finally gotten to the point where when I tell him to try something new, he will put it in his mouth, chew it up, and swallow it. And even if it's just one little bite, he's still trying different things and exploring new tastes. I find that very empowering, and I think he does as well, because he's still in control of how much he eats or doesn't eat. And also, I'll try to give my children a choice between two good things. And when they get to pick it themselves, they feel a sense of empowerment because they have a certain amount of control. So that makes me feel very good as a mother.



Figure 48. Tasting cheese (Cara)

Andrea has a similar, rewarding experience with her oldest son who is very adventurous when it comes to food, partially due to the way she approaches communication about food on a daily basis:

I just do think it's important for them to make their own choices when it comes to food, and I think that [my oldest] would never have tried some of his favorite foods [Figure 49] like hummus and edamame or melon and prosciutto if we hadn't been more open with food from an early age. [...] I feel like, if you push them or force them to try new things, it makes it so much worse. But if you have constructive conversations about food with your children, they will feel empowered to make their own choices.



Figure 49. Spinach and feta are awesome (Cara)

The idea of empowerment in making food-related choices is closely connected to the notion of agency and the benefits of taking concrete action to improve one's eating habits rather than passively receiving instructions on how to eat. For most mothers in the study engaging in empowering communication about food is the ultimate testament of how successful their communication with their children truly is, and adventurous eating plays an important role in this process. Yet another essential element of the empowering communication about food is the visual one. Focusing on the visual appeal and presentation of food demonstrates that non-verbal, visual communication about healthy nutrition can serve as a powerful, effective tool, just like verbal communication.

Visual appeal and presentation of food

A number of mothers in the study have specifically addressed the ways in which communication about healthy nutrition can be supplemented not only in the ways the food is prepared, but also through its visual presentation. For them, successful communication about eating results in paying more attention to the visual appeal of food, and vice versa: it is followed by the clear desire to make meals look and taste more appealing. For Selena, the presentation and the color of food are extremely important because they indicate that the food is fresh, healthy, and nourishing both for one's body and one's soul:

I prefer preparing meals myself whenever I can because I feel it's healthier than buying ready-made meals or fast food. Color is very important to me and so is presentation. The way I serve it, I don't want it to look sloppy or overcooked. I

think it communicates that the meal is healthy and good for you and it just makes me happy to see and eat beautifully arranged food. I love that my daughter can recognize that now too; to me that means that she understands what healthy food should look like so she can make better choices herself, without me telling her every time.

For several mothers, the idea of making meals more visually appealing is directly connected to the idea of fun and joy of eating. As Beth, explains, food does not need to look or taste boring to be healthy; on the contrary, children should learn to recognize that healthy options actually both look and taste better than the unhealthy ones:

We call this a rice igloo [Figure 50]. It's a recipe from my husband's side of the family. It's rice with a layer of vegetables and beef with special seasoning and then rice again on top. And what you do is you pack it all into a cup and then dump it out. I think it looks great and it's a lot of fun for the kids. What I was trying to show here is just my desire to make eating fun for [my daughter] and give her something healthy and tasty that also molds into a visually attractive and interesting shape like that. I like the idea of being able to make meals fun and enjoyable rather than boring. Healthy doesn't have to equal boring.



Figure 50. Rice igloo (Beth)

Tamara's children have also learned to recognize that using a variety of colorful, fresh foods usually means that the resulting meal will be healthy, tasty, and nutritious (Figure 51). As Tamara explains,

My children love to create. And creating new recipes and food combinations is a way for them to contribute to our family. I call these food adventures their “colorful creations,” and I think it’s almost like making art. It’s like – “Oh, I want to put that in,” or “I want a cup of that,” or “Mom, can we go get that out of the fridge for you?” I feel it’s important that they participate in food preparation because that allows us to talk about healthy choices and it’s a great way to learn about nutrition. It exposes them to new tastes and textures. They need to touch the food. They need to see what it’s like fresh and whole, before you blend it. They need to see what it’s like after you blend it. They need to see what it’s like cooked or raw. It’s nice for them to see where it comes from, so we’ll go out in

the fields to pick cherries. But also, I think it's important because they're going to be making food for their family in the future. And the sooner they get to know how to do it, the sooner they see what goes into it, the better.



Figure 51. Colorful creations (Tamara)

Cathleen has a similar experience with her children who love to learn about healthy nutrition by being creative with food: “My children really enjoy making fall leaves out of cheese to eat with our homemade chili [Figure 52]. It makes eating healthy more fun and gets them actively involved in dinnertime.”



Figure 52. Celebrating fall (Cathleen)

As evident in the above examples, children’s creativity and direct involvement with food preparation and presentation indicate that they have successfully internalized messages about choosing healthy over unhealthy options and are acting in accordance with these positive messages on a daily basis. In that sense, children’s creativity is a reflection of successful communication about healthy nutrition.

On the other hand, when communication with children about healthy eating is not deemed “successful,” most participants in the study report that this not only leads to experiencing negative feelings but it also reflects adversely on their own sense of identity as mothers. “Unsuccessful” communication about nutrition is frequently manifested through frustrating battles over food with children.

“Unsuccessful” communication about (un)healthy nutrition: Food battles

Battling over food choices with children was identified by a number of mothers in the study as a great obstacle to achieving successful communication about nutrition and a source of great frustration for mothers themselves. Many mothers describe this as a “battle of wills” or a “power struggle” between them and their children. As Maggie explains,

I find these battles about food very tiresome and frustrating. [My son] almost takes pride in the fact that his brother will eat grapes but he ‘doesn’t like them,’ even though he’d never even tried them once. It feels like a constant power struggle with him, like, ‘No, you’re not going to tell me what I’m going to eat.’ So there’s quite a bit of defiance there, and that’s frustrating for me.

Correspondingly, Cara often feels frustrated when their children refuse to eat certain foods they previously enjoyed:

[My son] had this dish for dinner a few weeks ago, and he was like, “Oh, this is so good.” And today it’s suddenly awful and he can’t possibly eat it. One of the mysteries of children that I have yet to understand, that something can be delicious one week and hideous the next. So we’ll have these battles of “Mom versus food.” And I’ll feel so frustrated when those things happen. It’s something that happens frequently and it’s something that I wish would stop. [...] I said to one of them the other day, “You know what, I have to make food for everybody. Do you think it’s fair to me to have to make something different for everybody in the family just because you don’t feel like eating something today?” And he’s

like, “Yeah.” And I’m like, “No, that is *not* fair. Why don’t *you* go make dinner for everybody?” And he’s like, “I don’t know how,” and I’m like, “Exactly. That’s why I have to do it. So, can you please have some pity for Mom?”

For most mothers in the study, the best way to resolve such tensions and alleviate the feelings of dissatisfaction and frustration is to reach a compromise where both them and their children “get their way” to a certain extent. Many mothers reach this compromise by agreeing to serve the type of food their child insists on, even if it doesn’t meet their nutritional standards, as long as they supplement it with a healthy option of their choice, such as fruit and/or vegetables. For Cara, compromising is an important strategy that allows children to exercise their own choice, but at the same time teaches them how to make healthier choices in the future:

Sometimes I’ll compromise by serving several different things, some healthier than the others, but it can still be a relatively healthy meal, overall. And we are all happier when we are making our own choices about our food. Children are happier when they’re not being forced to make the “right” decision. It may be frustrating for me sometimes, but I think it allows children to learn important lessons about food and eating without being traumatized by it. So maybe I’m not winning every battle, but I’m winning the war [Figure 53].



Figure 53. Mommy wins the food war (Cara)

As evident in the above quote, while food battles represent a source of frustration for most participants in the study, successfully resolving them can be a source of pride and joy for mothers. However, some mothers feel that “winning a food battle” and temporarily reducing tension should not be a goal in and of itself; what truly matters is successfully communicating a clear, powerful message about establishing healthy habits that will last a lifetime. As Andrea explains,

[My son] really wanted a hamburger, but I ended up serving white bean soup and fruit and he was happy, so that makes me feel good. In fact, it makes me feel amazing to be able to help him make good food choices [Figure 54] and feel positive about it. I think it’s what every mother wants, to ensure that your kids are eating well. But I want him to be happy and pleased with himself as well for making that healthy choice. I really want him to feel like it’s not a battle, but like it’s the right choice. And then I want it to be an easy choice for him because it wasn’t an easy choice for me when I was young.



Figure 54. Making the right choice (Andrea)

In addition to food battles, “unsuccessful” communication about nutrition is frequently reflected in condemnatory communication directed at mothers by their peers. More specifically, participants in my study often feel pressured and chided when communicating to other mothers about childhood nutrition, and are compelled to share only the stories of “successful” communication about food, for fear of being judged.

Reflections of “unsuccessful” communication about (un)healthy nutrition onto mothers’ sense of identity

As reported by most participants in the study, mothers’ identity and their perception of their own mothering skills are very closely linked to their ability to restrict unhealthy options and offer healthier ones to their children. Their inability to do so, regardless of the reason(s) behind it, reflects negatively on both their perceptions of their

ability to communicate these important messages to their children as well as their identity as mothers, resulting in negative feelings, such as frustration, guilt, worry, and stress. As many mothers in the study have shared, a part of the reason why they experience these negative feelings is the notion that their mothering skills are perceived as inadequate by others, especially other mothers, and that they are being judged and pressured by others. Hazel addresses some of those issues in the following quote:

I think that I have accepted that I'm never going to be an amazing cook and I've been okay with it. But sometimes when [my son] refuses to eat any of the stuff that's really good for him, like fresh fruit and veggies, even though we've talked about it more times than I can count, it makes me feel like I'm not getting through to him and I'm not doing a good job as a mom. That makes me feel very guilty and frustrated. And I'm pretty sure that other people, other moms, are judging me. Being a teacher, I know sometimes, when I've seen what kids have at lunch, I've caught myself thinking, "What the heck are their moms thinking?" So, sometimes I wonder when people are looking at [my son's] lunch, if they're thinking or saying something like that, too. So I always feel guilty about that.

It is important to note that many of my participants are convinced that they are judged by other mothers because they themselves exercise judgment towards others they perceive to be performing poorly as mothers. As Diana explains, "I am critical of other mothers. I imagine everyone else is, too. You know, when I see somebody driving through a McDonald's, I think, 'Really? You're going to take your two-year-old to

McDonald's?' I've done it before too. I'm not saying I haven't, but I feel bad when I do it, and I know people judge me because I judge them."

Moreover, for several mothers in the study, what they perceive as "toxic" or "negative" communication with individuals close to them, such as their family members and friends, about their mothering skills can be a source of great frustration, pressure, and severe feelings of inadequacy. Jamie describes these feelings in the following quote:

Some of my mom friends have made me feel so guilty and so inadequate at times with their negative comments that it has severely affected my self-esteem and my relationship with those women, and it took a while for us to find that balance where I wasn't resenting being around them. I think I felt so hurt by their negative comments and their judgment because it was so personal. I don't mind nearly as much hearing stuff like that from the media, because it's not personal, but when it's coming from someone that I'm going to be with often or even if I'm only going to meet them only once, but they're looking me in the eye and saying that I'm a bad mom because I'm not feeding my child a certain kind of food or because I'm feeding them something they don't approve of, yeah, it's a lot of pressure.

Furthermore, several mothers in the study felt the need to explain or excuse their food-related decisions to me or other participants during interviews and focus group meetings, as a form of preemptive strike against judgment. For example, during one of our conversations, Maddie felt the need to justify the nutritional choices she makes for her baby daughter, which are oftentimes affected by circumstances beyond her control:

So, I got to find something for [my daughter] to eat, and I feel bad for not always giving her the healthy stuff which I want to give her, and I know I should give her. I know my job as a mother is to try and make sure she has the vegetables and the fruit, and I really try to make all her meals healthy, but then it doesn't always happen. But that's because I'm trying to just get her to eat something, and sometimes you have to pick your battles.

Diana is one of the participants who noticed this as well during a focus group conversation and commented on it:

I know you said that you're not judging us, but I can sense, even in how we state and describe what we're giving to our children to eat, we're still putting out an apology with it at the exact same time. I think that's because there is this negative influence from other moms, this judgment. And even when it's not spoken out loud, I feel pressure from other moms. And I feel that really can be toxic. So if I say to another mom that I have a bag of breaded chicken nuggets in the fridge for my kids, I feel like I have to back that up with, "Oh but he loves fruit, and he loves all these other healthy things, so I'm trying to balance it out." I feel like there's an overwhelming pressure among moms, especially young moms, that we should be giving our kids only healthy options, otherwise we're somehow failing at motherhood.

Mothers who spoke about judging other mothers and feeling like they are being judged in turn also discussed the impossible standards that mothers put onto themselves

and others, which contribute to the above described feelings of inadequacy. As Grace explains,

Sometimes I'm like, "Boy, am I lazy." I feel like I'm a lazy parent sometimes because I may be doing the best I can right now, but I probably could do better. [...] I think I, and other moms as well, feel completely responsible for our children's decisions, which is kind of silly because they all come in a certain way, and they have their own personalities and likes and dislikes that we can't necessarily change no matter how hard we try. If your kid doesn't like to eat avocados, it's not your fault, but as a mommy, you're like, "What did I do wrong? Maybe I ate too much chocolate when I was pregnant." What I mean is, I think all mothers blame themselves a lot.

Even though many mothers in the study discussed these feelings and behaviors and recognized them as problematic and even crippling at times, none of them addressed the reasons behind them. Furthermore, when directly asked about it during both focus group meetings and in-depth interviews, they didn't have an explanation for why they were experiencing these feelings. The only explanation offered by several participants was that it is natural for a mother to feel responsible and even guilty about issues pertaining to her children and their nutritional habits.

One possible interpretation of why are mothers so critical of one another instead of being supportive is that they are receiving so much criticism from the media and authority figures that they have internalized these feelings of guilt and responsibility, thus holding themselves largely and solely responsible for all problems with childhood

nutrition. However, they, at the same time, both subconsciously and consciously wish to distance themselves from the “bad” mothers being publically vilified by transferring the burden of responsibility and blame to other mothers that they characterize as “bad” or “irresponsible.” Thus, the rhetoric of mother-blame, ironically, gets perpetuated by the mothers themselves. In that sense, on a certain level, some of the mothers in the study bear resemblance to the playground bullies: They themselves are in some ways the victims of pejorative and abusive rhetoric of mother-blame, and therefore, in constant search of others to blame. What results from this is a hard-to-break cycle of mother-blame.

Furthermore, this indicates that because mothers are liable to internalize these negative feelings, they also tend to assume that they are a “natural” part of being a mother. Additionally, according to these findings, mothers’ decisions about healthy nutrition and their communication patterns are sometimes simply motivated by desire to avoid judgment and criticism, save face, and protect their identity as caring, loving, and overall successful parents.

Another important aspect of being a “successful” mother, as reported by the study participants, is being able to prepare healthy meals for the entire family, especially children. In the next section, I provide examples and analyses of the mothers’ roles in obtaining and preparing food and how they communicate these roles to their children and relational partners.

Mothers' roles in food procurement and preparation and the ways they communicate them to children and relational partners

As mentioned earlier in this dissertation, mothers are historically defined as nurturers and those primarily responsible for both mental and manual labor required for feeding their families (Counihan, 1999; Sukovic et al., 2011). Most mothers in this study firmly believe that it is their *personal responsibility* not only to ensure that their children are eating a healthy, balanced diet on a daily basis, but also, in all cases but two, to prepare meals for their children and other family members living in the household. When discussing their perceptions of a mother's role in obtaining and preparing food, my participants addressed the following three subthemes: (1) control, (2) convenience, and (3) creativity. These subthemes were identified as the most important aspects of how mothers communicate their roles in food procurement and preparation to their children, relational partners, and other members of their household.

The issue of control in meal preparation

All participants but two noted that they are primarily responsible for meal preparation in their households and control was identified as a very important element of their role in meal procurement and preparation. Even the two mothers who reported that their husbands are those primarily in charge of meal preparation spoke extensively about their own role in food procurement. Therefore, even those participants who don't typically prepare meals are still actively involved in the process of selecting and purchasing food for family meals, as well as meal planning. The strategies that the

mothers in my study most frequently use to establish control in terms of meal preparation and communicate their role in it to the members of their household are: (1) meal planning, (2) practicing consistency and routine, and (3) acting as a nutritional gatekeeper.

Meal planning

The issue of control in meal preparation manifests itself in several different ways. A number of mothers described how they use *meal planning* as a form of control that allows them to both prepare healthy, nutritious meals and stay within the allocated budget for that week or month. For many mothers in the study this is an important part of their identity which communicates to the members of their household that they have things under control. This helps both mothers and their family members to feel more relaxed and more in control of not only their eating habits, but also their lives in general. Most mothers will prepare a weekly menu to help them establish control over family meals and budget. As Brittany shares,

Every week I try to make our menu about what we're going to have and I make my grocery list off of that. I think it helps me have more control over the types of meals we're having and it helps us eat healthier and have more balanced diet by having something planned out in advance. [...] So, for example, if I have a menu, then the whole day I know we're going to have stew for dinner, so that doesn't make me want to order pizza or go out when dinner time comes around. So it basically prevents me from making impulsive decisions about food and spending

too much money on meals. [...] That makes me feel really good about myself because it shows I'm taking good care of my family.

In addition to relying on a weekly or monthly menu, my participants report that it is necessary to establish control over the food that gets purchased and prepared by practicing consistency and/or relying on routine practices and by acting as a nutritional gatekeeper.

Consistency and routine

For most participants in the study consistency and routine are not only the essential building blocks of good nutritional habits but also basic elements of good parenting skills. Tamara pays special attention to consistency when it comes to food preparation and meal times because she believes it gives children the necessary structure and equips them with good habits for their entire lives:

I think consistency is a very important thing when you're raising your kids because it allows them to know what to expect. My children expect that their sandwich is going to have the vegetables on it. And they're always welcome to remove it, we don't question that, if they don't want to eat. My responsibility is to feed them with nutritious foods. And give them a place and a time to eat. And their responsibility is to eat it or not eat it. And if they're not going to eat it, I'm not going to enforce it. But the structure of the meal is always consistent. Occasionally they just don't like the meal, and I'll say, "You may take three bites before you leave the table." But it's not like they have to eat everything on their

plates. That's just how I serve it, and I'm always consistent that way. Also, at our house we'd always eat at 5:30 [Figure 55]. On the dot. And I believe some of those consistencies are essential for the kids to develop good habits and stick to them later in life.



Figure 55. Family dinner (Tamara)

Other participants also referred to family meals as an important part of the consistency and routine they feel are necessary in their children's lives. As Beth notes, I believe in family meals. I think that they are essential to good nutrition. I feel like if you're just eating whenever you can grab a bite, you're probably not going to make any good choices and it's like you're not there to be together and be an example to your children. We try to have breakfast together whenever we can and we always do dinner together. We're very consistent about that. And [my husband's] family always did that, my family always did it, and we're going to

do that with our kids. And that really feels like it's a good thing for establishing good eating habits in your children.

In that way, mothers may use consistency and routine as strategies to communicate and reaffirm their identity as the keepers of family traditions.

As other participants note, even in those families where mothers do not have the primary role in food preparation, consistency and routine play a significant role in raising healthy, well-adjusted children. As Grace explains,

In my family, my husband is home a lot so he does half the cooking and we share that role together. In other families it may be the father who is gone more and so this responsibility falls mainly on the mother. This just depends on the family dynamics, but either way, I think that both parents need to be in line and be consistent for children to be happy and healthy. Having a routine that works is very important, both when it comes to nutrition and other things as well.

In addition to practicing consistency and routine, mothers in the study often feel that a part of their role is to act as nutritional gatekeepers for their families.

Acting as nutritional gatekeepers

For a number of participants, performing the role of a nutritional gatekeeper is an intrinsic part of being a mother who cares for her family's health. It is also an important part of their maternal identity insofar as acting as a nutritional gatekeeper communicates how invested one is in her family's wellbeing. In the following quote, Alannah illustrates the importance that her role as a gatekeeper plays in her and her family's daily lives:

My husband doesn't cook in the house. I mean, I'll prepare stuff for him to make sloppy Joes, using turkey meat, thank you very much, because it's foolproof. But only because you can't screw that up. [Laughter] He's not a very good cook. And if it was up to him, it'd be macaroni and cheese and greasy burgers every night. So I essentially control our menu, I control the budget, and I control what we eat. It's a lot easier for me to make this efficient and say, "Okay, you're not going to be able to go driving all over the place or go hunting this month because we need to use that money to go to the grocery so we can eat healthy food." It's easier for me to control that and make sure we've got healthy food because I know what we're cooking and what we're eating.

For many mothers in the study, the role of a nutritional gatekeeper is a source of personal pride and a motivation to strive even further to provide healthy nutrition to their families. One strategy that all mothers in the study employ to make this possible on a daily basis in spite of their busy schedules is focusing on convenience by preparing quick, easy meals.

Convenience: Preparing quick and easy meals

Preparing quick and easy meals was recognized as extremely important by all the participants, both moms who work outside the home and those who work at home. Convenience was never labeled as a negative thing as long as the quick and easy meals consisted of predominantly fresh ingredients and were prepared and/or assembled at home, rather than purchased from a fast food restaurant. Indeed, the ability to prepare

quick, easy meals that are also nutritious was a source of pride for most participants. As Robin explains,

I have become a huge, huge fan of the Crock-Pot® [Figure 56]. And those McCormick® Grill Mates® – have you seen those things? I love them. They're my best friend. All I do generally after I come home is, I'll put a pork tenderloin or even just chicken breast in the Crock-Pot, and I'll season it with McCormick, add some extra water, and put some olive oil in it. And it's done. And then all I need to do is make some steamed rice and some vegetables and dinner is ready. So, it makes me feel great to know that I can put together a pretty healthy meal that my kids will eat and that tastes really good because the pork and chicken just melts in your mouth.



Figure 56. I love my Crock-Pot (Robin)

However, even though they fully recognize the many benefits of convenience when it comes to cooking, some participants experience feelings of guilt associated with

preparing convenient meals and feel the need to rationalize the limited amount of time they spend on meal preparation. Cara describes these conflicting feelings in the following quote:

I always try to make quick, easy, and healthy meals for my family, but sometimes I feel guilty that I'm not putting more effort into cooking and meal preparation. I recently read a book about a pioneer woman back in the early settling days of the country. And from the time she woke up to the time she went to bed, she was cooking something. And that's because it takes hours to make bread, it takes hours to make a stew from scratch. And yes, I know that if I make my beef stew from scratch, it is going to be ten times better, it's going to taste better, it's going to be healthier, it'll have more nutrients, but you know what, it takes six hours to make it. And I would much rather put my time into my family, I'd rather spend that six hours playing with my son, teaching my child how to read, going to the park, instead of spending the whole time in the kitchen ignoring my children. And when I can buy it at the store, get flash frozen or pre-chopped vegetables, and grab some already cubed beef, and readymade broth, and just pour it all in my Crock-Pot, and let it go for two hours and it's done, I'm going to do that. So I really shouldn't feel guilty about that, but sometimes I do.

It should be noted, however, that the above quote reflects a perspective from a relatively affluent mother who can afford the extra expense of prepared foods.

Again, both the sense of pride and the feelings of guilt that my participants sometimes associate with preparing quick, easy meals illustrate how deeply connected

their identity as mothers is to the practice of meal preparation. The connection between food preparation and the mothers' identity, as well as the ways they communicate it to their family members, was particularly prominent when they spoke about cooking and assembling meals as a creative activity.

Creativity in meal preparation

A number of mothers in my study take great pride in their creative abilities when preparing nutritious meals for their children, spouses, and other family members. A part of the reason for this is that healthy food is often perceived as boring and unimaginative, and many participants put a special effort into dispelling this misconception in their children. Alannah addresses this in the following quote:

A lot of people think that healthy food is boring. I was guilty of this myself: I used to associate healthy food with boring food. And I like that I have learned that it's not boring, that I can still have fun in the kitchen, and I can still be creative and use my mind. [...] And there are so many ways you can be creative with food. For example, I sneak a lot of food into my kids' meals. I'll take blueberries, and I'll squish them up and I'll add them to a smoothie because the kids don't care for blueberries, but there are so many antioxidants in them and they need them for their health. Or I'll take carrots and shred them up and put them in muffins. And I try to always find the cheapest alternative possible. And I'll budget my time as much as I budget my money.

However, similar to the issue of convenience, when they are unable to prepare what they perceive as a creative and interesting meal, some mothers in the study feel they are not living up to their full potential as family chefs and may experience some feelings of guilt as a result. Anna describes some of the misgivings she encounters in her life when being creative is not an option:

I'll usually stick to my old, tried out recipes [Figure 57] because they are quick, easy, and my family likes them. But that can be a bit boring sometimes, eating the same old thing two times a week. And that makes me feel kind of bad because I guess I should be putting more effort into making more creative meals and coming up with new recipes. But then I'll tell myself that it's OK because I'm not an actual chef and I *am* serving healthy, tasty meals, so that's what really matters. But yeah, I do feel a little guilty about that sometimes.



Figure 57. My signature dish (Anna)

Several mothers in the study share Anna's sentiments and feel there are certain cultural and societal expectations pressuring mothers when it comes to creativity in meal preparation with which they are not entirely comfortable. One reason why some mothers feel that this is so problematic may be that these expectations are rarely, if ever, directed at men who are praised for producing any kind of meal and their creative cooking abilities are rarely questioned or examined, as noted by several participants.

Finally, even though my findings confirm that the mothers are those primarily responsible for meal preparation and ensuring that their children and other family members are consuming nutritious food on a daily basis, it is evident from this data that other family members and caregivers also have a role in making choices about food, meal preparation, and communication about healthy nutrition.

The role of other family members and caregivers in food choices, meal preparation, and communication about healthy nutrition

As reported by my participants, other family members and caregivers don't typically have such a prominent role in determining food choices, preparing meals, and communicating about healthy nutrition with children as mothers do. However, their influence is still significant, especially that of fathers and, in some cases, grandparents. The mothers in the study shared that the influence of other family members manifests itself both through daily family meals and special occasion meals. Additionally, several participants addressed disagreements and communication problems with other caregivers that are directly connected to food and nutrition.

The role of fathers in children's nutrition

As reported by a number of study participants, fathers generally have a great deal of influence on food choices, meal preparation, and communication about healthy nutrition with children. In fact, two mothers in the study described their husbands as primarily responsible for food preparation. As Hazel explains,

I think it's really nice that I can count on [my husband] to cook the food most of the time. It's nice to sit down to a meal together as a family, too. And he's been a big part of that. He'll cook dinner most nights, except for Thursday night. And it's a secure feeling knowing that he'll take care of dinner most nights. Even if it is hamburgers most of the time [Figure 58]. [Laughter]. But seriously, thank God that my husband likes to cook. He cooks, and I do the dishes.



Figure 58. Hamburgers again (Hazel)

It is important to note that even in those families where participants identify their husbands as primarily responsible for food preparation, mothers are the ones who are typically in charge of shopping for food, preparing breakfast and snacks, and packing lunches for their children on school nights, while husbands are mainly in charge of cooking dinner. Additionally, the two mothers who spoke most extensively about the role their husbands have in food preparation on a daily basis also expressed some feelings of guilt associated with it. More specifically, they shared that having a lesser role in meal preparation makes them feel like they are not fulfilling the societal and cultural expectations, which are higher for mothers than for fathers, when it comes to cooking. Tanya addresses some of these issues in the following quote:

I used to cook much more, but lately my husband has been in charge of cooking dinner because I'm pregnant and I'm sick a lot, and cooking makes it worse. So yeah, my husband cooks too, which is surprising. When I have a night class, I'll sometimes come home and see that he has already cooked dinner, which is really helpful, instead of me coming home and still having to cook. [...] Even though my husband is the head of the household, it's still up to me to make sure everything goes smoothly. So I'll still do all the shopping for food because he wouldn't be able to go through the store by himself or he'd be lost. Or if we go to the store together, he's like, I don't know what the kids eat. [Laughter] So he definitely needs my help there.

As reported by other participants, many fathers will prepare an occasional special occasion meal, especially for a family gathering, but they are much less likely to prepare

family meals on a daily basis. While fathers have a great deal of influence on food choices, meal preparation, and communication about healthy nutrition with children, this influence was very frequently described as predominantly negative by study participants.

The mothers in the study frequently complained about their husbands' and male partners' negative influence on their children's eating habits, particularly food choices. Most of the negative influence stems from fathers' own eating habits, which were often described as poor or unhealthy by their spouses. Cara describes the influence some of her husband's food choices have on their children in the following quote:

My kids see my husband eating Cheetos, and when we tell [our son], "You can't have Cheetos," he's like, "But Dad is eating it." And I'll talk to him and tell him that his body is growing so fast, and he needs a lot of nutrients. And yes, Mommy's and Daddy's bodies need nutrients too, but we don't need as much as his body does right now because his body is growing so much. And that's probably wrong. But I have to tell him something so he wouldn't gorge on Cheetos like his dad.

This particular topic generated a very lively discussion among the focus group members who seemed compelled to share their own stories about their husbands' negative influence on their children's nutrition. Ashley is one of many participants who describe their spouses' influence as largely negative:

My husband used to always be coming in with brownies and cakes. [Laughter]
So, I was like, you're not going to bring that in the house. You're going to keep

that in your closet. So, he did. And he would pile them up and there are all these little snacks and that's why he had a crap-load of ants in there. [Laughter]

For some mothers in the study, fathers' food choices are not as problematic as their unwillingness or inability to control their portions and tendency to overeat, which were frequently described as another form of bad influence on children's nutritional habits. As Alannah describes,

My husband finally accepted that we're eating healthy but he's still eating very large portions. So instead of having one baked pork chop for dinner, and I'm talking big, thick, fat pork chop, he had two. And I pointed out that that was a lot of food and he goes: "But it's healthy." [...] I'll make sandwiches for the kids and myself for lunch. And [my husband] comes home and he wants baked chicken or he wants a meatball sub or something and I'm like, "No. Why don't you just eat a sandwich?" And he'll go: "The sandwich isn't going to fill me up for the day." And I'm like, "Really? Because the kids and I are just fine with that." [Laughter] So he'll have three sandwiches and a pile of chips. He thinks, well if it's healthy food, I can eat as much of it as I want to and I'll be okay. And I'm trying to get through his head that he needs to change his eating habits because my son's been overweight his whole life. [...] And he sees his Dad eating two thick pork chops, so he wants two thick pork chops, too.

As a result, many mothers in the study feel that it is their role to be "the bad guys" who police both what their children eat and also control their husband's nutritional choices. As Robin comments,

I think it's OK for me to be the bad guy. Because someone has to. My husband wants to bring in the pizza and the cakes and the brownies. [...] You're maybe pissed off at me, and that's fine because you know what, I'm still your mom. You're required to love me. Whether you like me or not is a different story. But you're required to love me, and I guarantee it's not the end of your life if you don't have a cookie.

In some cases, the mothers in the study even feel that their husbands are directly obstructing their efforts to provide healthy nutrition to their children by openly refusing to eat nutrient-dense foods like fruit or vegetables in front of the children and bringing unhealthy foods into the house. Kay gives the following example:

I've been doing a lot of the hiding vegetable purees in food because it's a great source of protein and fiber for my kids. But my husband had picked up on me doing that pretty quickly, and the kids know that Dad won't eat it.

Ashley has a similar problem with her husband who is not a fan of vegetables: "My husband brainwashes the children and tells them 'Onions ewwwwww, tomatoes ewwwwww.' He refuses to eat vegetables. And of course the kids just pick up on that immediately, so they refuse to eat them too."

Based on the above quotes we may conclude that some fathers' negative influence on their children's eating habits, particularly food choices, is a source of continuous frustration for many mothers in the study and that it compels them to feel even more responsible for their children's nutrition than they normally would.

It is interesting to note that no mothers were as vocal or self-reflective about their own negative influences on children's nutrition. That is not to say that they present themselves as always being paragons of culinary virtue, but none of them identified the impact of their own dietary preferences or choices as nearly as undesirable or potentially harmful as that of fathers. This could simply be a reflection of mothers' greater investment in providing healthy nutrition and making a conscious effort to serve as positive role models to their children. This also may indicate that some fathers feel more relaxed in indulging in unhealthy foods because they perceive their female partners as those primarily responsible for modelling healthy eating habits and exhibiting health-conscious behaviors.

Since no fathers were interviewed as a part of this study, I could not include their side of the story in my analysis. Nevertheless, it is evident that fathers still play an important role in both children's eating habits, even when that role is not perceived as a positive one. Additionally, fathers' influence is also evident in family communication about nutrition, a great deal of which takes place at the dinner table and over both daily and special occasion meals.

Daily family meals and special occasion meals

Most participants spoke about the importance of eating together as a family on a daily basis as well as the role special occasion meals play in their lives. Most participants in the study believe that family meals and rituals surrounding food serve to bring the family together and are a great time to have conversations about food and

health. Additionally, while holidays, celebrations and family gatherings primarily serve to reconnect with the extended family members, they can also provide a space for valuable conversations and lessons about nutrition to take place.

Family meals were mentioned earlier in this chapter as a noteworthy source of consistency and routine in children's lives. For many mothers in the study, however, they are so much more than that: They serve as constant reminders of the communal nature of sharing food with one's immediate family. Moreover, family meals were frequently identified as essential for family communication and the best time to share important messages about physical and emotional health with children. Brittany describes the importance that family meals have for her and her immediate family in the following quote:

We usually eat every dinner as a family [Figure 59]. That's very important to me. It's our time to come together and a time to look forward to. And usually my boys are pretty cranky before dinner. But when we sit down and they get a little food in their belly, they're just happy. And I think as they get older, it'll be harder to get them to sit down for dinner, but that's why I want to try to have at least one meal as a family every day, to make that a habit for them. And I've heard that it helps prevent drug use. I think it has a lot to do with conversations people have over dinner. If people sit together and talk over dinner, parents will know what's going on in their kids' lives. It's time for the whole family to share something together. So I think that makes sense and it can prevent all kinds of bad behaviors in kids.



Figure 59. Family dinner (Brittany)

Similarly, Betty is a great believer in the importance of family meals:

It's important for us to eat together. Growing up, family meals were the only time we really communicated because we were either at school or working or doing after school activities. It was always a time for us to calm down and just eat together. Actually, my kids really like when we're eating together. My husband and I will talk over the meal and we'll include [our son] in the conversation, just see what he did at school, did he eat his lunch, and stuff like that. I mean, the more you talk to your kids, the more you know about them.

While daily family meals were labeled by all participants as both important and excellent opportunities to engage in communication about nutritional health, special occasion meals were typically described as having a negative influence on the whole family's eating habits and perceptions about food. As Jamie explains,

It's hard. Celebrations are always revolving around food and often very unhealthy food, I've noticed. It's hard to break away from that. Everything is happy and packed with food. And the experts have come out with studies saying that it really shouldn't be that way, but it's really hard to get away from everything happy and celebratory revolving around tasty but unhealthy food. And it's really tough going back to normal food and your old eating habits after the celebration is over.

Amanda's perception of family gatherings and special occasion meals is very similar to Jamie's:

I think you can use family get-togethers as an excuse to deviate from your normal regimen on healthy eating. We're mostly vegetarians, but when we go out to eat to celebrate with extended family, we'll eat huge portions of meat. We'll go to Texas Roadhouse and get ribs because it's "celebration food." Special occasion food. So when we all get together it's like, "I'm going to eat all the junk food because I haven't had this all week."

It is interesting that mothers in this study do not see such special occasions as learning opportunities as well. After all, from the time children start going to school, spending time with peers, and attending parties, they constantly face temptations to vary from what mom makes for daily dinners. It seems that family gatherings would serve as good practice for children to learn how to handle other food choices that they are sure to encounter in the future. However, participants did not talk about this.

In summary, most participants in the study feel that, while special occasion meals are indeed enjoyable, they are essentially disruptive of already established healthy eating habits, not only for children but for the entire family. However, daily family meals can serve to counteract the negative influence of special occasion meals and quickly reestablish good nutritional habits, both through serving healthier options and communicating about them as a family. Thus, while mothers in the study describe the communication over family meals as an overwhelmingly positive experience for all family members, most of them identify communication with other caregivers about food as a source of frequent disagreement and frustration.

Problems and disagreement with other caregivers about food

Many participants say that problems and disagreement with other caregivers about children's nutrition arise much more frequently than they believe is necessary. Additionally, most participants have disagreements about nutrition with their children's grandparents, especially grandmothers. For example, Diana often gets into arguments with her mother about her son's weight:

I think family is another influence that most people have to deal with if they're occasionally around the children, but not every day, where they don't see what they're having to eat every single day. My older sister has a child that's only a few weeks older from my son. And he's a little stocky guy, you know. And my mother is around him more often than my kids. He's shorter than my son but still probably weighs more. He looks just thicker and stockier. And so, she's around

him all the time and then she comes and sees my little lightweight son [Figure 60] and immediately goes: “Oh, we have to fatten you up!” And she’s like, “Well, I just want him to eat.” But then the way she does it is just different, like, chopping up a sandwich or overwhelming him with a million different choices just because he doesn’t eat really fast. And I’m like, “You’ve got to back up.” And eventually, I had to tell her, “Please stop comparing my son to my sister’s son.”



Figure 60. Eating grapes (Diana)

Even though such disagreements are often a great source of frustration for mothers, many of them feel that it is important to avoid conflict with other caregivers as much as possible. Therefore, many participants try to reach a compromise with other caregivers and validate their feelings, while at the same time attempting to stick to their

own rules and beliefs as much as possible. Unfortunately, this conflict avoidance and compromising often leads to even more frustration than direct confrontation. Cara is another participant who has frequent disagreements with her mother-in-law about her children's nutrition:

I feel like I should be thankful that she's helping so much with my children, I shouldn't even have a discussion with her, but sometime we get into very intense arguments about ice cream. They always have ice cream at their house, and we don't have ice cream at our house. It's just a really intense situation, and I wish it weren't. But I don't know exactly how to resolve it. We talked about it very honestly and I explained to her that this is what I want him to eat, and what I don't want him to eat. But when she doesn't follow that, it's a really interesting dynamic, and very frustrating for me.

Several mothers in the study have managed to keep their feeling of frustration under control by accepting that other caregivers will have their own rules and that exposing their children to these different nutritional standards on occasion will not affect them negatively in the long run. They still continue to stick to their own rules at home, but are extremely flexible when it comes to the practices employed by other caregivers. As Betty explains,

My son regularly goes over to my mother-in-law's house, and she's usually going to cook him a grilled cheese sandwich and serve it with some oily kind of chips because that's what she likes. Or she might run to McDonald's; she does that a lot. And I do want him to have that time with his grandparents, and so I

don't really enforce healthy nutrition so much when he's around the family. I just want him to have a good time. He's there for the whole day, and I know he's going to eat wrong, but I'm not going to say, "Grandma, hey, you should be eating this instead of that." Or "Here's his lunch. You feed him this." I'm not going to do that. I'm just going to let him have this bonding time with his grandparents. Because I know that's what it's all about when he's there.

As evident in the above quotes, other caregivers, particularly grandparents, have a role in the way children think about food and nutrition, and often exert some influence over their actual nutritional choices. However, this only further emphasizes the principal role mothers continue to have in their children's food choices, meal preparation, and communication about healthy nutrition.

In summary, the communication patterns and examples discussed in this chapter support the premise that mothers indeed play a pivotal role in their children's nutrition and the ways families communicate about it, but they also show that the mothers themselves fully recognize the magnitude of their own influence. Additionally, the mothers' personal identity is intrinsically connected to their role in this process and it largely depends on whether they perceive their communication strategies as successful or unsuccessful. The following chapter expands on the issues discussed in Chapter VI to address both barriers and challenges, as well as potential solutions, for some of the problems identified by the mothers in the study.

While the previous chapters have addressed some of the personal barriers mothers face, the final analysis chapter focuses on mothers' perceptions of societal and

structural barriers and challenges to providing healthy nutrition for children, such as access to healthy foods and the financial restrictions they face due to their family's socio-economic status. Additionally, the second part of Chapter VII discusses both societal solutions and personal strategies for resolving nutrition-related problems and challenges. Specifically, it (1) addresses both strategies involving children and those including mothers and other primary caregivers and (2) potential societal solutions that should be enacted on an institutional level.

CHAPTER VII

SOCIETAL AND STRUCTURAL NUTRITION-RELATED BARRIERS AND CHALLENGES, AND THE PERSONAL AND SOCIETAL SOLUTIONS FOR RESOLVING THEM

In the previous chapters, I have addressed a number of personal barriers to providing healthy nutrition to their children that mothers in this study face on a regular basis. Conversely, this final analysis chapter focuses on the mothers' perceptions of larger societal and structural barriers and challenges, namely those associated with their culture, socio-economic status, and race/ethnicity, as well as those pertaining to environmental contaminants. Moreover, this chapter addresses societal solutions and personal strategies for resolving nutrition-related problems and challenges, as identified by the mothers in the study, by (1) recommending strategies involving children, as well as those including mothers (or other primary caregivers) and (2) by proposing potential societal solutions that mothers believe should be enacted on an institutional level.

Mothers' perceptions of larger societal and structural barriers and challenges

In addition to addressing many personal challenges they face, the mothers in the study extensively discussed larger societal and structural barriers and challenges to providing healthy nutrition to their children. The barriers and challenges identified by the study participants, which they feel are a part of the grater societal context largely

beyond their control as individuals, are the following: (1) cultural challenges, (2) socio-economic status, (3) racial discrimination, and (4) and environmental concerns.

Culture as a challenge

As discussed earlier in this dissertation, a number of participants identify cultural influences (both positive and negative ones) as having a great deal of impact on their understandings of (un)healthy nutrition for children (Chapter IV) and attitudes towards food preparation. In addition to that, several mothers describe culture as a source of negative societal effects that can create barriers to healthy eating.

As Alannah affirms during a focus group conversation, “We’re in the South. Everything’s covered in gravy here.” Robin nods in agreement: “And everything is fried. We’re all about comfort food down here. So it’s very hard to resist the temptation sometimes and stick with healthy options, especially for kids.”

Selena and Ashley have similar experiences to the ones described above with traditional Mexican view of food and eating. As Selena explains,

I feel that my culture influences my nutritional choices, and often negatively, because in our culture, we’re doing a lot of flour or corn tortillas with every meal. And also *tortas*, which you can get at Mexican bread stores, *panaderías*. And people here don’t really eat the real, traditional Mexican diet full of fresh vegetables and things like *nopales*, the cactus. They combine Southern and Mexican foods, so you end up with all this cream, and cheese, and fried Tex-Mex stuff, and that stuff’s delicious, but it’s not very healthy.

To complicate things further, the refusal to eat certain foods is sometimes perceived as a rejection of cultural traditions and is seen as not only a criticism of traditional ways but also as a form of cultural betrayal. As Ashley describes,

If you start changing from the way you were raised and doing things differently, the family feels like it's a betrayal of your culture, and your heritage, and it makes it really tough. It's like you've got two different identities, and they don't work very well together. My family calls me "white girl," and they don't mean that as a compliment. They are really upset with me because I've started eating more healthily and serving healthier meals to my kids. They'll say, "Why do you do that? You're not white."



Figure 61. Texas diet (Alannah)

Vegan or vegetarian participants share similar experiences due to the cultural affinity for meat pervasive in Central Texas (Figure 61). While they do not necessarily feel like they are “betraying” cultural traditions by eating a plant-based diet, they do feel they are violating some of the cultural norms by rejecting meat as a staple in their diet. As Amanda explains,

We’re mostly vegetarian, but when we go out to eat with friends or family, we’ll typically eat huge portions of meat. You know, we’ll go to Texas Roadhouse and get ribs. So it’s like, “Wow, We’re eating meat.” It’s definitely a part of being social for us, and here in Texas being social means eating barbecue. [laughter] So when we get together with friends, it’s like, “We’re going to eat all this junk food because we haven’t had this all week.” It’s a big part of the culture here and we want to be a part of that culture even if we are mostly vegetarian.

In that sense, cultural traditions may represent a form of societal barrier for the participants, who may feel conflicted about adhering to what they perceive as a healthy diet if it is at odds with generally accepted cultural norms, perceptions, and traditions held up by their respective communities. Another, larger, nutrition-related societal barrier identified by the study participants is their socio-economic status.

Socio-economic status as a barrier

The majority of mothers in the study spoke extensively about their socio-economic status and how it represents a large barrier to improving their children’s and family’s nutrition. Indeed, many participants explicitly stated that they feel the current

state of the economy has a dramatically negative impact on nutrition. Moreover, 50% of the participants (14) reported being on food stamps and/or receiving WIC aid on a monthly basis at the time the study was conducted.

A laconic response Robin gave when asked to explain how her socio-economic status influences her family's dietary habits and practices, sums it all up in a single statement: "We're busy, and there's never enough money." As evident in this quote, time constraints are typically connected to and go hand-in-hand with the socio-economic barriers with which participants struggle [Figure 62]. While both of these issues affect them on a personal level, most mothers in the study spoke about the socio-economic and time constraints they experience as larger societal issues that impact many other people in their community and across the U.S.

As Alannah explains,

I think the main struggle in our family, beyond the constant lack of money, is that we're so busy. My son plays football and baseball, and my daughters are in dance and gymnastics. I'm active in the community, and it's very challenging to find healthy options when you're on the run and have a limited budget. I don't have time to cook dinner every night. [...] There're really no healthy options for kids at McDonald's, Whataburger or something like that. It's really a struggle. And so, nine times out of ten, we eat chicken nuggets or hamburgers or hotdogs or whatever we can find that's quick. And it's not healthy but it's fast for our family because that's what we need. And it's cheap. [...] I only have \$500 to feed a family of six for the month. That goes by really fast.



Figure 62. Prepping lunch for everyone takes time (Robin)

Similarly, Robin describes the conflicting feelings she has when grocery shopping for her family:

There are times when I feel guilty and envious, very envious. I'll think, "Look at all these people pushing carts full of all this nice, healthy food. And here, I've got three bags of rice and a package of noodles because I'm thinking, "Okay, I can make beef stroganoff tonight, it might not be the best option, but we can have enough left over for us to eat for lunch or dinner the next day." And that's going to fill our belly. No, it's not the healthiest option. But it goes longer. I can stretch it further.

What complicates Robin's situation even more is that she is a working mom. This is the case with many other mothers in the study as well. As mentioned in Chapter III, 13 out of 28 participants (46%) report that they work outside of the home, and 9 of

them (32%) state that they are employed full time (40 or more hours a week). As

Brittany explains,

I think our diet is a lot healthier now because I don't have to go to work. When I was working, my time was really limited, and now it's not as limited. But before, I would say, "Oh, it's dinner time already and I don't have anything ready yet. Let's just go through fast food." And I would get the French fries and the kids would eat in the back seat. It's so much harder to stick with a healthy diet when you work full time.

Correspondingly, Beth feels that her quality of life, as well as the quality of nutrition she was providing to her family, was a great deal lower when she had to work full time:

These are my ID badges [Figure 63]. Right now, I work for two companies, one is St. Joseph's [Hospital] and the other is Compassionate Care Hospice, and I work as a dietician at both places a few hours a week. [...] The reason I even thought to take this picture was the negative influence that I feel working has on providing healthy nutrition for my family. [...] I just really appreciate not having to work full time now. I worked full time for eight months of my daughter's life, and those were the hardest eight months of my life by far. My hat is off to those mothers who work full time and have children. I just think they're wonderful. I know that I cannot function that way and still feel good about my life. You cannot do it all, you can't be Wonder Woman.



Figure 63. The effects of working mother on nutrition for her family (Beth)

While the majority of participants in the study experience some budgetary issues, some of them have extremely limited funds and have to devise creative ways to stay within the budget. For example, Gloria deals with her budgetary constraints by purchasing the bulk of her groceries at the dollar store (Figure 64): “I go the 99¢ store to get most of my food. I get the things that are on sale; they have some great things for 99¢. So, I’ll get a gallon of milk or a tub of yogurt on sale. They also have fresh strawberries and blueberries for 99¢. And I get good deals. You do what you got to do, you know.”

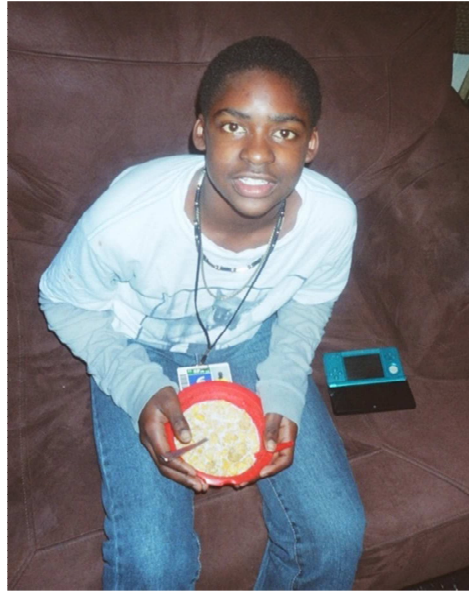


Figure 64. 99¢ store breakfast (Gloria)

It is interesting to note that while most participants think that it is more expensive to eat healthy, whole foods, some women believe that they eat more healthily when their budget is low because they do not buy unnecessary items, such as sugary juices, snacks, or sweets that they would purchase if they had more money to spend on food. Instead, they prepare meals from scratch, which they perceive as both cheaper and healthier. However, that takes a great deal more time and represents a time constraint for the person cooking and cleaning up (Figure 65), usually the mother.



Figure 65. Clean-up time (Kay)

Additionally, because they usually have many balls in the air, mothers sometimes have little control over how their plans will work out, due to unforeseen circumstances. Diana gives an example of how things can easily get out of hand, even when you make a conscious effort to plan ahead:

I think it's definitely healthier if you can make meals from scratch. You can buy the ingredients for homemade chicken pot pie and it takes about an hour to make, which doesn't sound like too much time in theory. But in that hour your baby screams, or she's got a poopy diaper, or your kid's knocked over a chair or broke the cat's tail, and so that hour of preparation turns into two hours, just like that [snaps her fingers].

Many participants feel that their personal efforts are simply not enough to resolve the nutritional crisis affecting the nation and it's the government's responsibility to resolve the many problems stemming from it on a larger level. As Alannah asserts, "I

try, I really do. But there's only so much I can do as an individual. I can't get out of Walmart without spending at least \$250. It is outrageously expensive to go grocery shopping, and we're getting less and less food for the same amount. Those government folks, they need to put down the price of the food and encourage farmers to use organic methods."

Maureen has similar views:

You can get this [referring to Figure 66] entire bag of hotdogs for a dollar. And they are very tempting for a busy mom with lots of kids. So, I just took a picture to show how cheap it was compared to healthier options. [...] I think that's a huge problem. Maybe the government could offer compensation to [food producers] who offer healthier foods for a lesser price. I believe that would save money in the long run because they wouldn't have to pay so much for healthcare or for nutrition classes or anything. And our kids would be healthier and happier.



Figure 66. Unhealthy foods are the cheapest (Maureen)

In summary, most mothers in the study struggle. Moreover, they feel that their budgetary and time constraints, often stemming from having to work to support their families, are interfering with their ability to provide quality nutrition and encourage healthy eating habits in their children. Many of them recognize this as an issue affecting many families in their community and across the U.S, and believe that something needs to be done about it on a larger, societal level.

Racial discrimination as a barrier

Racial discrimination was identified by many participants as another challenge or barrier in providing healthy nutrition for their families. The forms of racial discrimination the participants recognize and discuss are primarily covert and systemic in nature, pertain to everyday situations, practices, and structures, and do not appear to be intentional or consciously designed to discriminate a certain group.

The most cited example of this is that of the limited selection in certain grocery stores, in certain neighborhoods, that cater to certain populations. As Lisa describes,

I'm Hispanic, and I've noticed that certain items, like fresh or organic produce, will be very limited or not available at all at my neighborhood store, but they will be available at the same store in a different neighborhood. It's a problem because it takes me 30 minutes to drive to a different store. [...] I think that they are assuming [those items] are not wanted or needed because it's a target audience of Hispanics or the low income minorities. They assume we would rather have fried burritos, and rice and beans, and barbacoa, than fresh produce. [...] It seems like

they are segregating the stores and I wonder if there is anything there beyond the fact that they are trying to make money. They might be doing some sort of market research, or maybe they are just letting their stereotypes guide them. [...] I'm mad because I feel like I am being discriminated against. My husband says I shouldn't be surprised because that's the kind of store they think we want. You know, "Isn't that what 'you people' eat?" [...] It's almost like a self-fulfilling prophecy. This is what you're expected to eat, and those are the options you are given, and so you stay within those limits.

Alannah, who identifies as Caucasian, has noticed a similar pattern:

I went to the grocery store the other day, and I was struck by how different the foods are in different stores – you can definitely tell they cater to a specific demographic. In our [neighborhood grocery store] on Highway 40, there's an organic section, and fresh breads, and fresh produce, and the deli where you can buy nice salads. And the one on Highway 21 caters more to the African-American and Hispanic populations. There were cases of soda, and cookies, and cupcakes, and candies, just racks and racks. There's a whole big display that offers fried chicken by the buckets and menudo. [...] I was just struck by the differences between the two stores, which are only 10 miles apart. [...] And I was thinking, good God, no wonder that so many lower income people are obese! Look at the options being offered here versus my side of town. And it's the same supermarket chain, and it floored me, it really did.

The patterns that Lisa, Alannah, and other participants describe, illustrate how racial discrimination can manifest itself through certain policies or practices that are a part of the structure of an organization, which further serve to create or perpetuate disadvantage for racialized individuals.

One of the key informants, Phebe Simmons, agrees that such patterns do exist in BCS community, and that they are indeed problematic. As Simmons asserts,

I do notice those kinds of things. The [local grocery chain] store in College Station is up the street from my mom, and anything you want is there. You go to the other ones, you won't find as much variety. The people are not as friendly. Even the entire attitude of the store is different depending on the neighborhood. [...] Also, the lower-income stores tend to be very messy. The aisles are never kept up, things are just all over the place. [...] I think it's fine to cater towards a certain population, maybe have more Hispanic foods on the shelf. But to not offer what the other stores have? Then I'm going to be upset because I don't have a choice.

While some participants identify such issues primarily as forms of racial discrimination, others believe they are a part of a larger set of societal barriers that include race and ethnicity, but also other forms of privilege and disadvantage, such as socio-economic status and lack of access to information, education, and healthy food options. As Maggie explains,

I know that I am privileged in a way to be educated and to have access to all this information, because I know that there are people who don't have the option to

go look things up on the Internet or go to libraries. Or they may not speak English. And I feel they don't really have as much choice. I mean, just think how much of the bad nutritional choices we make are due to lack of education. But I also think it's not just the knowledge and education. There are so many factors: convenience, price, what your kids want to eat, what's marketed towards them. How many moms buy sugary cereal for their kids and know that it's bad, but they still buy it for other reasons they can't really control?

Another barrier outside of realm of control for some participants, which is similarly linked to socio-economic challenges and racial discrimination, is lack of access to healthy, affordable foods. As Simmons states, a growing number of individuals in BCS area are affected by this challenge, which contributes to poor diets and higher levels of diet-related health problems:

Food deserts are a huge problem that we have in our lower-income community today. The only grocery stores in many neighborhoods here are convenience stores and are over-priced, and it gets even worse because these stores now accept food stamps, which are called the Lone Star Card here in Texas. So people will just go to a convenience store and use their card for chips and other junk foods, because that's all they sell there.

In that sense, food deserts are by no means limited to rural settings and are very much present in underserved urban areas, typically populated by racial and ethnic minorities. In these areas, the supermarkets, including the major chains, operate stores with inadequate and poor quality food stock and jacked up prices. These areas are

literally deserts, surrounded by more affluent neighborhoods with better markets, which are often out of reach due to lack of transportation and distance to residents of poorer neighborhoods.

Similarly, several participants who receive WIC aid report they now get vouchers for the farmer's market selling fresh local produce, but they have noticed that many people do not redeem them because they do not own cars and cannot get a ride to get to an out-of-the-way location like that.

Yet another set of issues the participants in the study identify are environmental concerns, specifically those pertaining to hazardous pesticides and water quality.

Environmental concerns

As several participants note, one of the barriers to providing healthy nutrition for children they have little control over is the use of pesticides or hazardous chemicals to grow fruits and vegetables and control pests in foods. The participants are concerned that, over time, these chemicals may be affecting their children's health in unforeseen, harmful ways. Unfortunately, they cannot afford organic foods on a daily basis, which leaves them with few other options to address this concern. As Ashley shares,

I think a lot about what they put in the food, and how they grow the food. [...] It freaks me out because I don't know what's in our water, and our produce, and other kinds of food. Sometimes I'll eat a piece of fruit, and I can literally taste and smell the pesticides. And I know for a fact that [my daughter] is allergic to a particular pesticide that's in the fruit, so I'll try to buy organic whenever I can,

but it's very expensive and you can't buy it in our neighborhood. [...] My cousin's husband here in town, he works with nuts and he'll spray them with pesticides. And my cousin told me, when he comes in the house, they're not allowed to touch him, he has his own washer and dryer. He has to take off all his clothes, and he doesn't even take them off in the house, he takes them off in the garage because they work with so many chemicals, he literally has to completely cover himself from head to toe, like he's going in outer space, and then they just go into the fields and they just spray and spray and spray. So she goes, "That stuff is so harmful it can kill you." And then we eat that stuff? It horrifies me to even think about it.

Several participants who are concerned about similar issues but also lack funds to purchase organic foods rely on a local produce market to buy fresh fruits and vegetables they feel are both safer to consume and more affordable. When the budget is particularly tight, they will shop at the \$1 reduced produce section in the back of the store. Some mothers in the study feel that this particular produce market (Figure 67) is helping prevent the area from turning into an urban food desert.



Figure 67. Shopping at the Farm Patch produce market (Cathleen)

Several participants spoke specifically about their concerns regarding tap water which they use for drinking, cooking, and washing their produce. As Bonnie describes, “The water here is really bad quality. You can smell it. I use it for cooking and making coffee, but it still smells and tastes weird even after you boil it. For drinking, I buy bottled water, which is really expensive. And when you read those water reports, they’ll say, sure, drink the tap water, it’s safe. But I’m not so sure.” Therefore, for many mothers in the study, the simple act of drinking tap water is strewn with risk and uncertainty.

As evident from these examples, there are many structural barriers that affect people’s nutritional choices that appear to be out of the realm of individual control and need to be addressed on a larger, societal level. However, in the absence of societal solutions and in order to deal with some of these risks and reduce uncertainties, a

number of participants have developed their own personal strategies, which they shared during focus group conversations and in-depth interviews.

Personal strategies

Many mothers in the study recommend personal strategies involving children, as well as those including mothers (and potentially other primary caregivers) to address some of the societal and structural nutrition-related barriers and challenges described earlier in this chapter. These strategies involve (1) gardening and growing their own food, (2) stockpiling bulk foods, and (3) actively involving children in grocery shopping and food preparation.

Gardening and growing food

Several study participants engage in some form of growing or producing their own food in an effort to be more self-sustainable, save money, and reduce environmental risks associated with purchasing conventional produce. Five participants were actively cultivating their own produce and herb gardens at the time when the study was conducted. All of them also actively involve their children in the process of planting, managing, and harvesting fresh produce and herbs. As Cathleen describes,

We have a vegetable garden [Figure 68], and I'll get the kids in there, planting, picking, anything that's possible. They eat it too, they do. I get them involved from start to finish. They're not going to do it perfectly, they're going to pick things that are too early to pick, they're going to not pick things. [laughter] But

we're having fun with it. I think getting kids involved is important—if they pick it, they are more likely to eat it. [...] We grow most of our veggies. I truly believe that in the future we're going to have to revert to producing our own food because of all the chemicals that are going into the food.



Figure 68. Our fall garden (Cathleen)

Participants like Bonnie, who do not have the adequate space or conditions to cultivate a large garden all year round will grow things in pots: “Spring and summer, I’ll grow things in pots because my yard in the back is not really good for a garden during the hot months. I like to put up lots of Roma tomatoes and freeze those up for spaghetti sauces and stuff. [...] I like to get my kids involved in the garden plot [Figure 69]. They

love to plant, and it teaches them important things about healthy nutrition and how to eat right.”



Figure 69. Growing Swiss chard (Bonnie)

Michelle is another participant who relies on her own garden for fresh produce and herbs: “I’ve got basil, bell peppers, tomatoes, collard greens, carrots and squash [Figure 70]. I even have a pineapple bush. Just the other night, [my son] and I went in there and cut off a whole bunch of collard greens to eat for dinner. And he actually ate it. [laughter] [...] I love that he gets to participate in everything and then watch it grow.”



Figure 70. The view of our garden (Michelle)

As several study participants assert, having a garden and growing their own produce not only significantly reduces their monthly food spending but also helps their children learn valuable skills and lessons about healthy nutrition, sustainability, and self-reliance. Another important strategy many mothers in the study rely on to save money is stockpiling bulk foods.

Stockpiling bulk foods

One of the most popular strategies for healthy eating on a budget that many mothers in the study employ is stockpiling bulk foods when they're on sale, and freezing them for later use. This also helps mothers plan family meals in advance, which was identified as an important form of control that allows them to cook healthy meals and stay within the allocated budget, as described earlier in this dissertation (Chapter VI).

As Beth explains, “I try and buy things on sale in bulk and try and stockpile things because I figure it’s an investment. Food is an investment, having it there on the shelves. It might not be money that I have, but it’s still a valuable resource. So if a hurricane went through and everything was bought out, I would have food for my family.”

Diana also stockpiles and freezes a lot of her food, especially meat (Figure 71): “I’ll typically buy a big bag of meat or chicken on sale for like \$10 a bag, portion it, wrap it up in cling wrap or put it in freezer bags, and freeze it to use later. When I need to use it, I’ll just take it out and let it thaw or boil it. [...] It saves you a lot of money.”

Many participants in the study believe this to be a lifesaving strategy, which helps them keep their family’s bellies full when money runs out at the end of the month and there are no funds left to go grocery shopping. Keeping in mind the growing epidemic of malnutrition and hunger in communities across the U.S. and the specific financial constraints many participants in the study struggle with, this is a very valuable strategy indeed.

A third strategy that helps the study participants deal with larger societal barriers and challenges is actively involving children in grocery shopping and food preparation.



Figure 71. Stocking up on meat (Diana)

Actively involving children in grocery shopping and food preparation

Most mothers in the study believe that actively involving children in food preparation and grocery shopping represents an excellent opportunity to encourage healthy eating habits and help them become more self-reliant by boosting their self-esteem. Furthermore, this strategy can serve to offset the negative effects of the societal challenges and barriers described earlier in this chapter by equipping children with valuable skills they can rely on for the rest of their lives. Additionally, many mothers who are struggling with time constraints will involve their children in cooking (Figure 72) and grocery shopping in order to be able to complete these tasks.

As Alannah explains, “When dinner time comes around, I’m trying to multi-task. And so the only thing that I can think of that will allow me to do what I need to do is having [my son] in the kitchen, cooking with me.” Some participants use this strategy to encourage their children to eat foods they would otherwise avoid. As Cara recalls,

Sometimes my son won't touch a meal because it looks weird. But if I bring him into the kitchen and say, "Hey, do you want to help me make dinner?" and show him all the ingredients, he knows that he likes each of those things by themselves. And when he helps me put it all together, it all makes sense to him. And he'll try something new if he helps me prepare it. I think he enjoys eating what he's helped make. He feels proud about it and it encourages him to help more and be more self-sufficient. So he'll know from a young age what to eat and what not to eat.



Figure 72. My little chef (Grace)

Some mothers in the study will even let their children prepare an entire meal with minimal supervision in an effort to make them more self-reliant and encourage their creativity. As Cathleen asserts, "It's very important to let them be creative. My kids

wanted to cut out their shape of cheese to put on top of their chili [Figure 73], and it made the whole meal more exciting. A piece of cheese is shaped like a fall leaf, so it makes it more fun and really gets them involved in dinnertime.”



Figure 73. Kids’ turn to make dinner (Cathleen)

In addition to helping in the kitchen, most mothers in the study do their best to involve their children in grocery shopping as well (Figure 74). As Tamara explains, “We’ll always go to the store together, and I’ll let one of the kids pick out all the ingredients. And then we’ll come up with something to make with those ingredients. And I know I’m running the risk of ending up with an artichoke and raisin pizza [laughter]. But it usually turns out really good. [...] I’ve also noticed that if kids take an active part in the cooking, they always want to eat what they made.”



Figure 74. Learning how to shop for food (Tamara)

As the above examples demonstrate, the strategies the mothers in the study utilize on a daily basis may not offer revolutionary, groundbreaking solutions for larger societal challenges, but they are largely successful in allowing mothers to improve their family's overall quality of life and establish healthy eating habits in their children early on. In that sense, many of the study participants enact a form of embodied politics, or personal acts that “aim to provoke change by exercising and resisting power in local sites” (Fixmer & Wood, 2005, p. 235).

In the final section of this chapter, I discuss potential societal solutions that the study participants believe should be enacted on an institutional level.

Potential societal solutions for resolving nutrition-related barriers and challenges

In spite of many barriers and challenges the mothers in the study face on a daily basis, they are still optimistic that there are certain societal solutions that could be implemented on an institutional level, to help resolve these crises. They suggest this

could be done by (1) improving the existing services, (2) implementing more regulations on federal and local levels, (3) appealing to religious leaders and institutions.

Improving the existing services

Many mothers in the study believe that improving the already existing services and making them more accessible for all families facing societal barriers and challenges could drastically improve the general quality of children's nutrition in their community. Several mothers spoke about the role of WIC and how their programs can be further improved. As Alannah clarifies,

Texas WIC Program has changed drastically in the last three years from what it was six years ago. For example, all of the bread products and starches you're allowed to buy, it's all whole grain, whole grain rice, whole wheat bread, and yellow corn tortillas, not the white bleached ones. So that's something that I think has improved. [...] And now you get a certain amount of money each month and you can buy produce either at the grocery store or you can ask for a voucher for the farmers' market, which is great because the produce is fresher there and locally produced, and typically much cheaper so you can get more bang for your buck. But a lot of people who are on WIC don't have cars or money for gas, so they can't go to the farmer's market. So that's something that still needs to be improved—getting people access to all these great services they offer.

Furthermore, many mothers believe that it is important to provide communities with more educational opportunities and equip mothers and other family members with

useful and easy-to-implement information about nutrition. Cathleen shares some of her ideas in the following quote:

WIC is a great example of a successful program because they require you to take nutrition classes every couple of months and attend cooking demonstrations to be eligible for it. They don't have similar requirements for the food stamps and welfare program, as far as I know, and they should really change that. People need to be educated on how to eat right. We need more food clinics or classes, maybe get a bunch of moms together at the farmers' market and teach the kids and families how to pick out produce and prepare quick and healthy meals.

In that sense, many participants believe that it is necessary to provide access to free educational programs focusing on healthy nutrition that can be attended by all family members. Another approach for resolving nutrition-related barriers and challenges many mothers in the study advocate for is implementing more regulations on federal and local levels.

Implementing more regulations

Even though virtually all mothers in the study believe that they should have the last say about their children's nutrition, they recognize the role governmental institutions play in it, and many of them support the idea of regulating nutrition on a governmental level in order to improve it. As Betty explains,

One of the biggest problems is that, in general, making money ends up taking precedence over eating well. And a lot of things get targeted at children, like

cereals that have pretty much nothing but sugar in them. They target it directly at children and it would be nice if we didn't have to fight that all the time. But it's more big business than anything else. I think that these big businesses absolutely need to be more regulated if we want to resolve this nutritional crisis we have on our hands.

Similarly, Maureen believes that the information placed on food labels needs to be better scrutinized and more regulated:

Advertising makes it hard on people because they'll put "zero trans-fat" or "fat-free" on a label and then they'll add three times as much sugar to improve the taste. They don't have your best interest at heart. They just want to make money. So they'll sell you this snack that's "fat free," but it still has 500 or 600 calories. [...] As a mother, I want to buy healthy food for my family. So I'll look at the label and it says it's healthy. So, I'll bring it home, without realizing it's full of junk. That's why we need more regulations, so companies can't put stuff like that on their labels to trick you. I think it's England where they have extra tax that they put on foods that are considered unhealthy.

Several mothers also suggest regulating children's menus in restaurants and require them to offer healthier options for children instead of the traditional greasy, sugary foods that are typically the only selections available. Other mothers go as far as to suggest that the entire community would benefit from actively boycotting unhealthy food products and protesting against unethical business practices that jeopardize the health of their children and entire families. However, community leaders and local

institutions would need to act as front-runners in such efforts for them to be productive and gain momentum.

Appealing to religious leaders and institutions

Finally, several participants believe that one way to enact larger societal change would be to appeal to religious leaders and institutions. Some of the suggestions include incorporating messages about healthy eating into weekly sermons or offering lectures and hands-on-workshops addressing different nutritional barriers and challenges from a religious perspective. Moreover, participants believe that the type of food typically served after religious services should be changed as well, to motivate the congregation to improve their personal eating habits. As Maureen explains, “The food they serve at church is not always the healthiest, and I think that religious leaders need to work together with worshipers and try to serve a more healthy balance of food, so that people can bring those healthy habits back home and make them a part of their everyday diet.”

Indeed, due to the important role that religious institutions and leaders play in the participants’ understanding of healthy nutrition, as reported earlier in this dissertation, it can be surmised that they could have a great deal of positive influence on their nutritional habits as well. In that sense, religious leaders could take on a more active role in helping educate entire communities and improve their dietary habits in the long run.

In summary, this chapter shows that the mothers’ in the study successfully use a number of personal strategies to resolve larger nutrition-related problems and challenges. Additionally, they are thinking in terms of greater societal solutions that should be

enacted on an institutional level from their unique position as nurturers, which allows them to see the grand picture that often escapes those in positions of power, such as legislators or corporate CEOs. This further demonstrates the importance of more actively including the voices of mothers in discussions about health and nutrition.

Moreover, while I am not sure how many participants in the study, if any, would identify themselves as feminists, it is interesting to note that most of the larger societal solutions they recommend resonate with the postulates of the third wave feminism and its focus on “micro-politics,” “embodied politics,” and recognition both of micro forms of power and micro forms of resistance (Fixmer & Wood, 2005; Gillis, Howie, & Munford, 2007).

In the final chapter, I summarize findings presented in the analysis chapters that pertain to mothers’ communication about and perceptions of their role in children’s nutrition, present the theory grounded in the data, and address the limitations and implications of this study.

CHAPTER VIII

CONCLUSIONS AND IMPLICATIONS

In this concluding chapter, I first summarize the overarching themes described in my analysis chapters and revisit each of my research questions, tying them back to the major themes identified through this research project. Following this summary and discussion, I propose my own theorizing of mothers' communication about and perceptions of their role in children's nutrition that has emerged from my data analysis, and offer a more systematic view of the ideas shared by my participants throughout the study. Finally, I address limitations and then implications of this project, both for communication research and practice, by examining its contextualization, complexities, and consequences in more detail (Sharf, 1999). With that in mind, a discussion of each of the overarching research questions guiding my study follows.

Research question 1

The first research question explores the common themes that exist across media messages focused on mothers, children, and healthy nutrition. As demonstrated throughout this dissertation, mothers play a pivotal role in providing children's nutrition, as well as in family communication about food. Therefore, mothers' own voices are essential in debates about childhood nutrition, and need to both be heard and included in these important conversations and decisions.

However, their voices are frequently (and ironically) excluded from the official discourse and discussions about children's (un)healthy eating. This is extremely problematic since they are so frequently at the center of the discussion about individual vs. public responsibility in relation to children's nutrition, and often are blamed for the many ills associated with poor nutrition and the resulting negative health effects. Additionally, the media reports and stories about mothers and childhood nutrition, even those based on peer-reviewed scientific studies, are often inaccurate or pejorative in nature, and contribute to the general climate of mother-blame.

According to the stories about children, mothers, and nutrition featured in the popular media and explored in Chapter I, mothers are considered primarily responsible for maintaining their children's health status through balanced nutrition, and are typically the first to be vilified in instances of unhealthy eating and the resulting health complications. While some stories use more subtle ways to indicate or underscore mothers' culpability and responsibility, others openly accuse mothers of child neglect, in an effort to sensationalize and shock the audiences.

Mothers are especially likely to be demonized in the context of childhood obesity and overweight, and their actions severely scrutinized. At the same time, other factors that play an important role in nutritional habits and choices, such as genetic, socio-economic, and environmental ones, are rarely brought into discussion. Thus, unless we, both as scholars and the members of the media audience, make a conscious effort to recognize and reject mother-blaming notions and attitudes, they are bound to become internalized as part of our personal and professional sets of beliefs.

Moreover, while mothers are certainly not without fault and shouldn't be absolved of all accountability, it is necessary to acknowledge the need for societal rather than just individual changes and focus on equipping mothers with concrete tools crucial for achieving desired health and nutritional goals. Therefore, the existence of a relatively small but growing body of media reports and commentary that are solution-oriented rather than critical in nature, indicates that there is a potential for changing, and eventually eradicating, the toxic and unproductive rhetoric of mother-blame. Instead, it is necessary to focus on concrete personal and structural solutions centered *around and stemming directly from the needs of this particular population*, some of which are identified by my study participants in Chapter VII.

Research question 2

The second research question asks what are mothers' perceptions of their own roles and responsibilities in providing healthy nutrition for their children? This research question is addressed in Chapters IV and VI, respectively, and it informs the first three overarching themes identified through my analysis. Chapter IV mainly corresponds to the first overarching theme, *i.e.*, (1) mothers' understandings and definitions of healthy vs. unhealthy childhood nutrition. Chapter VI largely addresses the second and third overarching themes, *i.e.*, (2) mothers' perceptions of the role they play in their children's nutrition and in communicating about food and (3) mothers' role in obtaining and preparing food and how they communicate this role to their children and relational partners.

The first overarching theme

As the data analysis presented in Chapter IV shows, all participants in the study agree on a very similar definition of a healthy diet as one mainly consisting of fruits and vegetables, with low fat content, and rich in whole grains. Moreover, all the mothers in the study recognize the superiority of “natural,” whole, raw, fresh, or minimally processed foods over the processed ones. Additionally, most of them emphasize the importance of providing a balanced diet and a variety of different foods to their children, as well as establishing healthy habits and positive nutritional routines. Furthermore, all participants agree that avoiding unhealthy foods such as sugar and other sweeteners, as well as “junk” foods, represents an important component of maintaining a healthy diet. They also address the negative influence of the media and marketing campaigns in promoting unhealthy food options, which often directly affect children and their nutritional choices.

Additionally, for most participants, their income and budgetary concerns dictate their food choices to a great extent. Most mothers in the study believe that healthy eating options are significantly more expensive than the unhealthy ones, particularly organic produce and dairy, which dramatically affects their meal options on a daily basis. On the other hand, most participants hold the belief that it is healthier and more affordable to cook meals at home, especially if meals are prepared from scratch. However, this belief is also a source of frustration for many of them as they simply do not have the time necessary for prepping and cooking foods from scratch. Other participants, however, get

a sense of pride from their ability to prepare healthy, tasty, and affordable meals themselves, without relying on store-bought options.

Finally, most participants discuss notions of risk and uncertainty as motivating both their perceptions of healthy vs. unhealthy diet as well as their decisions about the foods they purchase and prepare for their children and other family members. It is particularly important to note that the belief that mothers are the ones primarily responsible for providing a healthy diet for children is held and reiterated by virtually all participants in the study.

The second overarching theme

As discussed in the first part of Chapter VI, the great majority of mothers in the study perceive their own roles in their children's nutrition as both pivotal and more relevant than those played by other caregivers. In many ways, this is the reflection of how the society perceives mothers and their role in keeping their children both fed and healthy. The study participants believe that their communication with their children about food and healthy nutrition is extremely important, and that discipline and motivation play a central role in it. In effect, my research demonstrates that successful communication practices described and employed by the mothers in the study serve to empower children to seek healthier options and think about food in terms of health.

Furthermore, mothers' perceptions of "successful" vs. "unsuccessful" communication have an important effect on their sense of identity, which is largely connected to their own mothering skills. Therefore, while successful communication

about food results in feelings of pride, satisfaction, empowerment, and joy, unsuccessful communication causes mothers to experience negative emotions, such as frustration, guilt, worry, stress, and severe feelings of inadequacy. It is important to reiterate that these negative feelings are partially caused by concern that their mothering skills will be perceived as inadequate by others, especially other mothers, which will result in judgment and pressure.

Ironically enough, most participants in the study themselves engage in some form of criticism or judgment of other mothers. One possible explanation for this is that mothers are often seduced by the very rhetoric of mother-blame into being critical and judgmental of one another, rather than supportive. In that context, their overt and often harsh criticism may represent a misguided effort to transfer the burden of responsibility and blame from themselves to other mothers that they characterize as “bad” or “irresponsible.”

The third overarching theme

The second part of Chapter VI explores the mothers’ roles in food procurement and preparation and the ways they communicate these roles to their children and relational partners. All participants in this study feel that they are the members of the household with most control over food procurement and/or meal preparation. As reported by the study participants, the issue of control in meal preparation and the purchasing of food manifests itself in several different ways such as meal planning,

exercising consistency and routine, consciously acting as nutritional gatekeepers, and aiming for convenience and creativity in meal preparation.

It is entirely possible that some of the mothers in the study are mistaking their responsibility for food procurement and/or preparation for control. Of course, many mothers in the study do have a large degree of control over purchasing and cooking food (*e.g.*, they may only purchase certain food items and/or restrict the consumption of certain “bad” or dangerous¹¹ foods), which largely depends on the specific family structure and dynamics. In that sense, we may need to expand our views of mothers as simply nutritional gatekeepers, to mothers as keepers and sharers of health information, who can be the best of allies in the nation-wide efforts to improve childhood nutrition.

Finally, while the majority of participants maintain that they play the most important role in their children’s nutrition, many also acknowledge the role of other family members and caregivers in food choices, meal preparation, and communication about healthy nutrition. Fathers are identified as important sources of nutritional influence, but only two mothers in the study describe their husbands as primarily responsible for food preparation. Additionally, most participants describe the fathers’ influence on children’s nutrition as predominantly negative. Similarly, grandparents, especially grandmothers, are frequently described as sources of negative nutritional influence, which often leads to problems, disagreements, and feelings of frustration on both sides. It is important to note that, based on the examples of disagreements between mothers and grandmothers provided by the participants, this is not just a matter of

¹¹ This refers to *food allergies* and *food intolerances*.

grandmothers spoiling kids, but rather a real difference in generational wisdom and knowledge about what constitutes healthy eating.

Research question 3

The third research question asks what the communication channels (for example, media, interpersonal communication, doctor-patient communication, communication among family members, cultural heritage, organizational infrastructure) are through which mothers receive and exchange information about their role in providing healthy nutrition and ensuring that their children eat right on a daily basis. This question corresponds to the fourth overarching theme, which explores how mothers become informed about healthy and unhealthy nutrition for children and is largely addressed in Chapter V.

As the majority of my participants report, one of the most daunting tasks for them when trying to determine the best nutritional options for their families is *making sense* of the large and often conflicting amounts of information available to them. This results in feelings of uncertainty and mistrust, which most mothers in the study wish to reduce and overcome in any way possible.

In order to address these concerns, most participants aim to minimize the risk and maximize caution when seeking nutrition-related information and making decisions about food and eating. This is partially why the majority of participants in the study report being proactive in their information seeking, rather than waiting for such information to be given to them by authority figures. In other words, their information-

seeking practices are directly motivated by their perceptions of risk and susceptibility in relation to food and nutrition.

An especially thought-provoking finding was that most mothers in the study were not directly and personally concerned about childhood obesity and overweight, which is surprising having in mind the severity of the “obesity epidemic” in the U.S. and the attention it receives in the media. In fact, the participants were significantly more concerned about their children being picky eaters and not getting enough food variety, as well as malnutrition and low weight issues. While many of them are concerned about obesity in the larger population, they do not believe that the obesity epidemic affects them or their children since they have no history of overweight in the family or their children currently have normal weight status for their age. This brings us back to the notions of risk and susceptibility; since they do not feel that their children are either at risk of or susceptible to obesity, these mothers are not personally concerned about it.

On the surface, these findings simply illustrate how nutritional concerns of certain communities may dramatically differ from those of others; on the other hand, this is an important reminder that a “one size fits all” approach to improving children’s nutrition is both outdated and unfeasible and does not address the true needs of either communities or individuals. Most importantly, the findings demonstrate the importance of involving the members of target populations and entire communities in discussions about health issues directly affecting them in order to co-create effective, transformative practices, and enact positive change (Dutta, 2008).

Furthermore, my analysis shows that the mothers in the study primarily rely on three types of sources for information about nutrition: (1) interpersonal, which include family members, relational partners, friends, other moms, and members of the medical community; (2) media, which include print, TV, and online formats; and (3) institutional, which include educational and religious institutions, the government, and special federal assistance and supplemental nutrition programs.

Most participants identify their original families, particularly mothers, as their main sources of information about nutrition. What is interesting, however, is that they largely characterize that influence as negative and the chief source of their misconceptions about healthy eating and bad eating habits. Conversely, other moms in the community are considered the most trusted interpersonal source of information, and are described as much more reliable, trustworthy, and helpful than medical doctors and other healthcare professionals.

Contrary to my expectations, few of the participants use social media to receive and exchange nutritional information. The reason for this could be their relative age, as most participants in the study were in their thirties rather than twenties, or their fairly heavy reliance on traditional media, such as television and print media. There is also a possibility that social media involvement can be more time intensive, and they don't have time to invest in that form of communication due to their extremely busy schedules.

Yet another surprising finding is the high level of mistrust in and dissatisfaction with the information provided by the medical community the mothers express. More specifically, the study participants have predominantly negative attitudes towards the

nature, amount, and quality of information provided by the healthcare providers they interact with on a regular basis. Additionally, they are overwhelmingly dissatisfied with their doctors' communication skills. This points to larger problems within the healthcare system that are negatively affecting the overall quality of doctor-patient communication. As reported by the mothers in the study, doctors often ignore or dismiss their opinions and arguments, spend too little time explaining the reasons behind medical decisions, are poor or inattentive listeners, tend to overmedicate their patients without taking other options into consideration, and seem very "deterministic" and "discouraging" when discussing health issues related to nutrition.

Interestingly enough, while most mothers in the study reveal a chronic lack of trust and confidence in the medical community, many of them have great respect and liking for TV physicians, such as Dr. Phil and Dr. Oz. One of the major reasons for this is that participants perceive celebrity doctors as more personable, friendly, approachable, and easier to understand than "real-life" doctors, in addition to being knowledgeable and excellent sources of information about nutrition. This doesn't tell us much about the actual quality of information disseminated by TV doctors, but it says a great deal about doctor-patient communication and the important elements that may be lacking from real-life encounters with medical professionals.

While school lunches and the overall quality of food provided in schools are frequently criticized in both social and traditional media, the participants in this study referred to schools mostly in the context of providing useful nutritional information to both parents and children. Several mothers shared stories about children bringing new

and interesting nutrition-related information from school, including recipes and suggestions for introducing unfamiliar, healthy food options into the family diet. This finding shows that schools can be important allies in providing relevant nutritional information and improving the overall quality of nutrition for the entire family.

Another important media source of information for the women in my sample is children's television, particularly *Sesame Street*, which most mothers in the study consider a very reliable and entertaining source of information for children and caretakers alike. From the communication standpoint, this is a valuable piece of information, since viewing quality children's television offers a number of convenient and natural opportunities for direct communication about (un)healthy nutrition between children and their parents.

Finally, a number of participants consider religion and religious institutions as important and trustworthy sources of information about healthy nutrition. Additionally, several mothers in the study identify religious leaders as ideal persons for disseminating information about healthy nutrition. This is another significant finding from the health communication perspective, since health information coming from these trusted sources is more likely to be considered reliable, and may affect health beliefs and behaviors in more meaningful ways than coming from a different source.

Research question 4

Research question 4 looks into mothers' perceptions of possible societal solutions to nutrition-related problems and challenges that are both feasible in terms of

their schedules, budgets, and needs, and appropriate to their respective cultures. It corresponds to the final two overarching themes exploring (1) mothers' perceptions of barriers and challenges to providing healthy nutrition for children and (2) the societal solutions and personal strategies for resolving them. These themes are directly addressed in Chapter VII, which explores larger societal and structural barriers and challenges that cannot be resolved on an individual level. These barriers include cultural challenges, socio-economic status, racial discrimination, and certain environmental concerns.

An important finding stemming from Chapter VII concerns instances of perceived racial discrimination taking place in some of the local chain grocery stores. More specifically, stores in some neighborhoods will cater more to certain populations, such as Hispanics or African Americans, but at the same time there is an underlying expectation that those cultural groups prefer unhealthy options, such as highly processed fried and sugary foods or drinks. On the other hand, in parts of the BCS area predominantly populated by Caucasians, the options will typically include a much greater variety of fresh produce, and raw, unprocessed, and organic foods. I myself have witnessed the discrepancies between grocery stores located in different parts of town while I lived in the area. As several participants note, the companies running these businesses seem to believe that healthy food options are simply not wanted or needed by ethnic minorities, which is a sign of deep systemic inequalities, and which both minority and non-minority participants found extremely problematic.

While participants identified a large number of barriers and challenges, they also shared many suggestions for potential solutions and strategies for resolving nutrition-

related problems and challenges. Most mothers spoke about personal solutions and recommended strategies involving children. Some of the most successful strategies include motivating children to help with cooking and getting them actively involved in food preparation and grocery shopping and teaching them how to grow and harvest their own produce. This shows the importance that mothers place on sustainability and self-reliance, which should play an essential role in any health initiatives directed at them in the future.

Additionally, some participants propose possible larger societal solutions they believe should be enacted on an institutional level. Several participants maintain that one solution would be funding intensive, institution-based, educational programs and community events that are free, hands-on, easily accessible, informative, and aim to educate the entire nuclear family (mothers, fathers, and children alike) about healthy nutrition. Other mothers in the study believe that one of the most important and effective ways to improve children's and family nutrition would be introducing more regulations that would sanction unethical business strategies employed by many food companies, which includes heavily marketing unhealthy products aimed specifically at children. Some participants even suggest increasing tax for unhealthy food options as a motivating strategy. While these may not be feasible solutions on a national level, some participants believe that community-lead efforts to boycott unhealthy food products could be fruitful, as long as the right support is provided by the local government and community leaders.

One of the most interesting solutions suggested by several mothers in the study is directly involving religious institutions and leaders in efforts to improve childhood

nutrition on a community level, having in mind the large amount of influence they have on their members. Additionally, this effort would also involve improving the type of food served at religious gatherings, which are notorious for featuring mostly unhealthy, fattening, comfort foods, at least in this particular community.

In the next section, I focus specifically on the conclusions about the empirical grounding of the research and the significance of my theoretical findings (Egan, 2002).

Substantive theory

The grounded theory presented in this section correlates with the data from which it has been generated, i.e., it is grounded in the data. In this dissertation I offer a number of different explanations to understand the described phenomena discussed by my study participants. These explanations articulate a substantive theory in the sense that they provide theoretical clarifications for the specific areas concerning mothers' communication about and perceptions of their role in children's nutrition. Furthermore, these theories are used to explain and manage various problems pertaining to my specific sample, and are not necessarily applicable to other contexts and/or populations (Charmaz, 2006; Glaser, 1998).

My grounded theory findings

One of the reasons behind the popularity of the GT approach to analyzing qualitative data is that it “deals with what is actually going on, not what ought to go on” (Glaser, 1978, p. 14). While some of my findings were unexpected and surprising to

me, they ring true with the mothers in my sample and amplify the great but rarely acknowledged variety of mothers' voices and lived experiences.

In the following figure (Figure 75), I provide the conceptual model that shows how all different pieces of the puzzle fit together to make a whole: the framework of mothers' communication about and perceptions of their role in children's nutrition. I then proceed to elaborate on this model in the ensuing paragraphs by discussing my major findings and interpreting their significance.

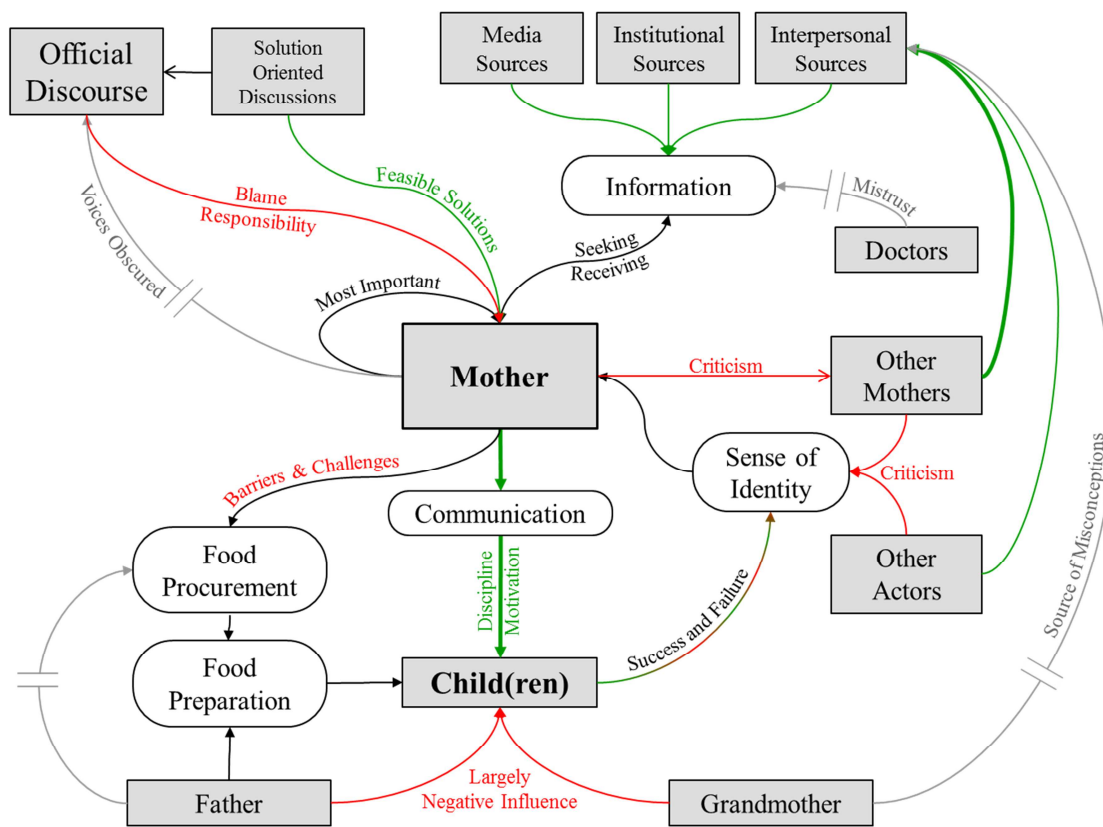


Figure 75. Mothers' communication about and perceptions of their role in children's nutrition

The burden of blame and responsibility

As this study reveals, the mothers in my sample feel primarily responsible for their children's (un)healthy food choices and habits, regardless of their socio-economic and education status, race and ethnicity, or political beliefs. Furthermore, all the participants believe that they have the most important and active role in both communicating with their children about healthy nutrition, as well as providing them with the best possible food options.

As evident in my data, the mothers' personal identity is intrinsically connected to their role in their children's nutrition and communication about it. Therefore, they represent a population particularly vulnerable to judgment and criticism, which may affect them very negatively on a number of levels by making them feel disempowered and devalued. To be clear, some of them feel empowered, knowledgeable and proud of their kids' development. However, they are still affected by unproductive criticism, which vilifies mothers without providing them with adequate, concrete and useful tools for addressing nutritional challenges even the best and most dedicated of them face on a daily basis.

Moreover, holding mothers responsible for most, if not all, nutritional ills affecting children may cause them to perpetuate the cycle of mother-blame by shifting the burden of blame and responsibility to other mothers and being starkly critical of them in turn, as several participant accounts demonstrate. These findings are particularly relevant to the field of gender studies, and it could be useful for gender scholars to further examine them from different perspectives in the future.

Information seeking and educational efforts

As evident in the stories and experiences shared by the study participants, their information-seeking practices are directly motivated by their perceptions of risk and susceptibility in relation to food and nutrition. Additionally, all mothers in the study engage in active information seeking, which demonstrates not only their extreme dedication to improving their children's nutrition, but also their self-reliance and potential for free agency.

Therefore, a productive approach to solving some of the food-related issues families with children face would be to acknowledge and support mothers' existing efforts, recognize and reward their expertise, and invest in their further education about nutrition. Some concrete efforts may include further educating mothers on healthy nutrition for children, showing them where to purchase affordable healthy foods to save money, and teaching them how to prepare quick and cheap meals that are also rich in nutrients. Most mothers in the study identify the nutritional information received through formal education as particularly useful and applicable to their present situations. Additionally, they all actively continue to seek out such information, which demonstrates their openness to and need for such efforts.

Health communication

A number of my conclusions speak directly to the fields of health communication. According to my findings, the best way to reach mothers and

communicate important information about nutrition to them is through other mothers in their communities, especially since mothers already engage in active information sharing with one another. Therefore, a concrete way to further boost such information-sharing practices would be to establish task forces consisting of “mom community workers,” similar to community health workers or *promotoras*¹², who would act as cultural brokers for other mothers in the community and provide them with the information necessary to help improve the dietary habits and health outcomes of their children and families. By taking on these roles, mothers could empower themselves to better their communities through a rewarding process of sharing their knowledge and expertise. Additionally, providing mothers with accurate information on nutrition that is applicable to their lives and which they can pass on to their family members would lead to the cultivation of a better educated and healthier next generation of children.

Moreover, the existing educational institutions that children attend represent a valuable source of information about healthy nutrition, both for mothers and children for several reasons. Firstly, they have the potential to positively influence shopping and food preparation practices by providing children with concrete, applied information. Secondly, my data show that young children will frequently form a different understanding of healthy nutrition based on the information they are getting from school or daycare, which their parents may not have access to. Finally, they can share this information with their parents, thus expanding their knowledge about nutrition and improving the eating habits of the entire family. Therefore, the partnership between

¹² Promotoras are community health workers who receive specialized training to provide basic health education and deliver health programs for Hispanic communities.

schools and families should be further cultivated to reap the full benefits stemming from this important source of information.

Another significant source of influence with great potential for disseminating valuable health and nutritional information to mothers and their families are religious institutions and religious leaders in the community, who could take a more active role in educational efforts to benefit this particular population.

It is disconcerting, however, that the medical community is perceived in such a negative light by the majority of mothers in my sample, and further efforts on the part of health communication scholars should be made to remedy these adverse perceptions and heal these important relationships.

Communication with children about healthy nutrition

My findings further demonstrate that the mothers in the study utilize many communication strategies and engage in a number of successful communication practices which serve to (1) directly involve children in discussions about food and (2) empower them to actively seek healthier options and think about food in terms of health. This shows a dramatic difference in the ways that parent-child communication about food and eating has changed within one single generation, since these communication patterns seem to differ greatly from those that existed between the study participants and their own mothers. However, a further, in-depth examination of these communication patterns would be necessary to determine the exact extent of changes that have occurred over time and the specific reasons behind them.

Study limitations

This study is interpretive in nature and explores the lived experiences of a small, convenience sampled set of mothers living in a specific, rather small geographic area. Therefore, no substantial generalizations about the practices and beliefs of the wider population could be made based on my findings.

Furthermore, while I made a concentrated effort to recruit a wide variety of women with different racial, educational, cultural, and socio-economic backgrounds, as well as it must be noted that mothers with a strong interest in the subject were more willing to come forward than those who do not have strong beliefs or interest in healthy nutrition for children. In other words, the views expressed by the mothers in this study may then reflect the ideas of women who are more deeply concerned about health, diet, and child-care, and think about it more often.

Moreover, while the study did include several participants who are single mothers or living in domestic partnership, in addition to those who are married, all the participants self-identified as heterosexual, and no lesbian couples participated in the study. Additionally, no gay couples in which “mothering” is enacted by men were included in the study.

Moreover, the study sample could have been more racially and ethnically diverse: the participants mostly self-identified as white/Caucasian, with the exception of three African Americans and three Hispanic women out of 28 participants, and no Asian women participated in the study. Also, the religious diversity was rather low as well, as

most participants identified as Christian (LDS, Catholic, or other unspecified Christian denomination), with only one participant self-identifying as an atheist.

Another limitation of this research is that it focuses solely on mothers as primary caregivers and does not directly include the voices of other caregivers, especially fathers and grandparents, who also play important roles in children's nutrition.

Implications for future research

Since the findings of my study pertain to a specific community of mothers in Central Texas, and are not generalizable to other mothers in the U.S., further research is necessary to explore the ways in which mothers in other communities approach and understand (un)healthy nutrition for children, how they perceive their own roles in it, where and from whom they get their information, and how they communicate about it.

Another important implication of this research is that it can serve as a starting point for conducting further studies that increase opportunities for including mothers' voices in public discussions about nutrition and making individual mothers more visible in more positive contexts, rather than vilified.

Additionally, the conclusions of this research could be used and expanded to explore the effects of health education on improving the quality of children's nutrition in certain communities. More specifically, studies using the collaborative model of public health could be conducted to facilitate mothers' organizing within the community, but then leaving the group to sustain itself, instead of utilizing the deficit model that involves lecturing and providing "right-wrong" type of information (Gross, 1994).

Moreover, based on the findings of my study, further research is needed to actively explore the feelings of guilt associated with mothers' perceptions of responsibility and blame regarding children's nutrition, and help mothers overcome them. Of course, in order to make substantial changes in this domain, we would need to work on changing the very nature of the negative and accusatory rhetoric in the public understanding of mothers' role in nutrition by offering an alternative narrative, which is something that would be very hard to do. However, by taking the third wave feminist approach to resistance and by engaging in small, everyday forms of resistance, and featuring individual voices of women in more scholarly research as well as public venues, we could gradually begin to get closer to reaching this goal (Wood, 2012).

Moreover, it is interesting to reiterate that, while the mothers in my sample are quite diverse in terms of the number of children they have, their employment status, and personal demographics, they all communicate in similar ways about nutrition to their children, which is markedly different from the communication patterns employed by their mothers and grandmothers. This is particularly intriguing since conventional wisdom suggests that factors such as whether a woman works outside the home and how many children she has would affect how much time and effort she is able to devote to shopping, food preparation, nutritional information seeking, etc. With that in mind, future research is needed to explore the findings in more detail.

Finally, further research is also needed to shed more light on the important roles played by other caregivers, namely fathers and grandparents. In that sense, this dissertation could be used as a basis for helping other caregivers become more directly

involved in communication about nutrition and assume more positive roles in this process.

Final thoughts

Based on the findings of this study, I firmly believe that mothers' voices should be more prominently included in discussions about childhood nutrition, not only in private contexts, but also on the social and political level, because mothers possess a unique wealth of experience and knowledge in this domain. The influence mothers have on their children and their nutritional choices is very significant indeed, and the emotional, communicative, and other tangible forms of labor they perform every day affect children's nutrition and health in real and substantial ways. By expanding the range of mothers' voices, often obscured by the media sensationalism, we can enrich our understandings of healthy nutrition for children and families, and make the necessary structural and societal changes to improve it.

Moreover, as evident in my findings, the understandings of childhood nutrition and the ways mothers communicate to their children about it, have changed substantially in just one generation. The mothers in my study are not saying to their children, like their mothers and grandmothers may have said, "You will clean your plate, or else." They are not saying, "We don't eat sweets in this house!" without explaining *why*. Those children will one day have children of their own. As Deborah Siegel, a gender scholar and activist, proclaims, "Small change leads to big change...Small change grows up and changes the world... Overtime, when change is supported from above, and below, and

within, change happens.” And we need the voices of mothers, heard loud and clear and as diverse as possible, to see and experience that much needed change.

Therefore, I hope that other scholars will continue to do similar work and more prominently feature the voices of mothers and their lived experiences in their scholarship, thus assisting in making the richness, variety, and complexity of their experiences more visible, and positive social change more real and possible.

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APPENDIX

Focus Group Pre-Screen Questions and Focus Group Protocol

Pre-Screen Questions

Communication with participants prior to the focus group meetings (via email is ideal, but depending on the participant and her preference, a paper version can be distributed as well immediately prior to the focus group meeting) will address the following pre-screen questions:

1. Do you live in Bryan/College Station area or one of the surrounding areas?

Yes

No

2. Do you have at least one child who is younger than eighteen years old and still lives with you?

Yes

No

3. Your age: _____

4. Number of children: _____

5. Age of child(ren):

6. Gender of child(ren):

7. Are you employed?

Yes

No

8. If employed, what is your occupation?

9. Are you partnered?

Yes

No

a. If yes, what is your partner's employment status and occupation?

b. Who else helps in the household?

10. What is your highest level of education?

11. Please describe your race/ethnicity

12. Please describe your socio-economic status

Participants who do not have a child younger than eighteen years old that still lives with them, or do not live in Bryan/ College Station area or one of the surrounding (rural) areas will not be included in the focus group.

Focus group questions (probes indented):

1. What is your understanding of healthy nutrition for children?
 - a. What specific issues come to mind when you think about your child(ren) nutrition?
 - b. Do you talk to your children about food?
2. Where is this understanding or beliefs coming from?

(Health Belief Model)

- a. Who or what influences those beliefs?
 - b. How does your culture (or community) shape those beliefs?
 - c. How/from whom do you hear and learn about nutrition for children?
(Knowledge/information gap theory)
 - d. Is nutrition for children something you share, talk or learn about through communication with other people?
 - i. With whom do you communicate about these issues?
 - ii. How do you communicate about these issues? (Face-to-face conversation, telephone, Facebook, Twitter, writing a blog, e-mail, etc.)
 - iii. What is an example of what you might share information about?
3. Do you think about issues of childhood obesity? Why do you think about it?
Why is it an issue in your life (if at all)?
 - a. What prompts these thoughts?
 - b. How often do you think about these issues?

- c. Can you remember any particular instance when you were concerned about issues of childhood obesity?
- 4. Do you think that childhood obesity is something that affects or may affect your child(ren)? (Are your children at risk of childhood obesity?) (Health Belief Model, *perceived susceptibility*)
 - a. Why? How do you assess that risk?
 - b. Is that something you are concerned about? Why?
 - c. How serious a problem do you think childhood obesity is? (Health Belief Model, *perceived severity*)
- 5. When you hear, read, or see information about nutrition for children, how does that impact the ways you perceive yourself as a parent?
 - a. How does that information make you feel?
 - i. Specific examples?
 - b. What kind of action on your part does that kind of information lead to?
 - i. Specific examples?
 - c. When you were pregnant, do you remember any particular instances when you read/heard about or thought about nutrition for unborn babies and/or infants?
 - i. What did you think or feel when you saw/read/heard this information?
- 6. How do you think your own food-related behaviors may be influencing, for good or bad, your child(ren)'s eating patterns? (Perceived Self-efficacy)

- a. What about other family members/other members of the household?
7. How do you communicate with your child(ren) about food, if at all?
- a. Recall an instance when you negotiated with your child about a food-related issue.
 - i. Recall a discussion or an incident where you wanted your child to eat or not eat something.
 - ii. Recall a situation where you felt you were successful in persuading your child to eat or not eat something.
 - iii. Recall a situation where you felt like you failed in persuading your child to eat or not eat something.
8. What prompts you, as a mother, to take action about healthy nutrition? What prevents you from taking action? (Stages of readiness model)
9. What do you think mothers can and/or should do to prevent and/or reduce childhood obesity in their children?
- a. What are some strategies that you yourself employ to prevent and/or reduce childhood obesity in your children, if any?
 - i. With whom do you share or exchange this kind of information?
 - ii. How do you share or exchange information about these strategies with other people?
 - iii. Do you think these strategies are effective? How so? (Health Belief Model, *perceived benefits*)

- iv. If there are strategies you are aware of and think are effective, but you're not using yourself, why do you think that is? (Perceived self-efficacy; Health Belief Model, *perceived barriers*)
- v. What do you think would help you start using those strategies? (Perceived Self-efficacy)
- b. What prevents mothers from using those or other strategies that are suggested to them through media, doctors, family members, etc. more effectively? (Health Belief Model, *perceived barriers*)
 - i. What prevents you from using such strategies more effectively and applying them to you and your child(ren)'s situation? (Health Belief Model, *perceived barriers*)
- 10. What do you think our society (government, medical community, education institutions, religious/cultural institutions, families, etc.) should do to improve nutrition for children?
 - a. Is there something that's already being done and what?
 - i. Can you give some examples?
 - ii. Is this enough, or should we do more?
 - iii. If not, why is it not enough? What do you think can be done better? Who should do it?
- 11. What are possible personal solutions that are both feasible for you in terms of your schedule, budget, and needs?

Finally, is there anything else that you want to mention that I have not asked about here?

Participant Instructions

1. You have received a 27-exposure, single-use, disposable camera. I encourage you to take pictures of meaningful people, experiences, moments, places, and things in your daily life to illustrate your views of healthy nutrition in your family and in your daily life. As you take your pictures, think about the following:

- You can substitute pictures of other things for things, people, or events that you are unable to photograph. For example, if you like using your grandmother's recipe for chicken soup, you can take a picture of her recipe book or the text of the recipe instead of actually preparing the soup or taking a picture of your grandmother.
- Not everyone in your family may want to have their picture taken. Use your personal judgment and seek verbal permission when possible.
- What will result in the best image? When possible, take candid (rather than posed) shots, place the sun at your back as often as possible, and avoid putting the subject or center of interest in the middle of each picture.
- You are the expert! I am interested in your unique perspective and welcome any picture that you want to take. No subject is too mundane.

Please take your pictures within the next two weeks and return your camera to me in the envelope provided by Monday, 11/21/2011. You can drop it off at *Shiraz Shish Kabob* restaurant, located at 110 Dominik Drive in College Station. Enclosed is a coupon for a free appetizer of your choice with fresh-baked bread. The coupon is valid until Monday, December 12, 2011. You can collect your free appetizer and fresh-baked bread when

you drop off the disposable camera or at any other time before the expiration date indicated on the coupon.

If you do not take 27 pictures, you can use the remaining film to take personal pictures or you can return the camera with unused film. You will be provided with copies of all pictures you take.

2. I will develop the pictures and then contact you to arrange a follow-up interview in the next week or so. During that interview, we will talk about the pictures that you consider to be the most significant or attractive. Among other things, you will be asked to think about the following:

- What do you see in this picture?
- How does this picture make you feel?
- Why did you take this picture?
- What is missing from this picture?

3. Have fun! If you have questions during this project, please contact me at 979-739-6092 or masha.sukovic@tamu.edu. Thank you for participating!